

SLCC – CUSTODIAL DEPARTMENT TIME OFF REQUEST FORM

NAME: _____

Date/Hours*Date/Hours*Date/Hours*Date/Hours*Date/Hours

Date & hours requested: ____/____ ____/____ ____/____ ____/____ ____/____

Type of Leave Requested: _____ (Vacation; Jury; Funeral; STML; Other=specify)

Employee Signature

Date

Supervisor Signature

Date

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