



DEPARTMENT OF DEVELOPMENTAL SERVICES – TIME OFF REQUEST FORM

To: _____

From: _____

Employee #: _____

Work Location: _____

Date: _____

CODE	I am requesting time off for the reason listed below:	DATE/TIME Begins	DATE/TIME Ends	# of Hours
CCE	COMP TIME EARNED**			
CU	COMP TIME TAKEN			
HCU	BANKED HOLIDAY USED			
LCMO	CAREER MOBILITY			
LJURY	JURY DUTY			
LPRTY	UNION/AGENCY FUNCTION			
LPFLV	PROFESSIONAL LEAVE			
LSCHR	SCHOOL OR TEACHER RECESS			
LUADP	UNION CONTRACT ADMIN PAID			
LUBLP	UNION BUSINESS LEAVE PAID			
PL	PERSONAL LEAVE			
SFAM	SICK FAMILY			
SFFNR	SICK FUNERAL IMMEDIATE FAMILY			
SFNRL	SICK FUNERAL NON-IMMEDIATE FAMILY			
SICK	SICK EMPLOYEE ILLNESS			
SP	SICK MEDICAL/DENTAL/EYE APT			
VAC	VACATION			
WSPC	WC MEDICAL APPOINTMENT			
OTHER	(Specify)			

****REQUIRES SUPERVISOR PRE-APPROVAL AND ADDITIONAL FORM**

Employee Signature: _____

Date: _____

Approval Signature: _____

Date: _____

APPROVAL OF TIME OFF IS APPROVED BASED ON A MUTUAL UNDERSTANDING THAT THE EMPLOYEE REQUESTING THE TIME OFF WILL HAVE THE ACCRUAL(S) AVAILABLE TO COVER THE ABSENCE. IF ACCRUAL(S) ARE NOT AVAILABLE, THE TIME OFF WILL BE RECORDED AS UNAUTHORIZED LEAVE. IT IS THE EMPLOYEE'S RESPONSIBILITY TO ENSURE THAT HE/SHE HAS SUFFICIENT ACCRUED LEAVE TO COVER THE REQUESTED TIME OFF.

Request Denied: _____

Signature: _____

Date: _____

Reason for Denied Request:

- ☐ Too many vacation requests for the same period.
☐ Other employees have seniority.
☐ Employee does not have accruals available to cover this absence.
☐ Other: _____