MOUNT SINAI HOSPITAL
Joseph and Wolf Lebovic Health Complex

2011 OPSEU Time-Off Request Form

Employee Name	
Department:	

Note as per article L7.04, an employee will not be authorized paid vacation time prior to earning that vacation. All Employees are encouraged to view their personal leave balances via Employee Self Serve.

Time-Off Dates Requested in Prime Time Summer (May 15 – Sept 15)

*Indicate the From Date (first date of time-off) and the To Date (last date of time-off) in **mm/dd/yy** format.*

			To be completed by Supervisor/Designate	
1st choice From Date:	To Date:	**Total # of Days:**	☐ Approved dates	☐ Not Approved dates
2nd choice From Date:	To Date:	**Total # of Days:**	☐ Approved dates	☐ Not Approved dates
3rd choice From Date:	To Date:	**Total # of Days:**	☐ Approved dates	☐ Not Approved dates

Please approve my first choice if not possible approve my second choice or my third choice ☐
I would like to have all my choices above if possible if not please approve what is possible ☐
Comments:

Time-Off Dates Requested Non- Prime Time

*Indicate the From Date (first date of time-off) and the To Date (last date of time-off) in **mm/dd/yy** format.*

			To be completed by Supervisor/Designate	
1st choice From Date:	To Date:	**Total # of Days**	☐ Approved dates	☐ Not Approved dates
2nd choice From Date:	To Date:	**Total # of Days:**	☐ Approved dates	☐ Not Approved dates
3rd choice From Date:	To Date:	**Total # of Days:**	☐ Approved dates	☐ Not Approved dates

Please approve my first choice if not possible approve my second choice or my third choice ☐
I would like to have all my choices above if possible if not please approve what is possible ☐
Comments:

Time-Off Dates Requested Christmas/New Years or March Break

*Indicate the From Date (first date of time-off) and the To Date (last date of time-off) in **mm/dd/yy** format.*

You must indicate if you are Invoking seniority to obtain this vacation request by checking one box below

☐ Seniority   ☐ Not using Seniority

			To be completed by Supervisor/Designate	
From Date:	To Date:	**Total # of Days:**	☐ Approved dates	☐ Not Approved dates

Indicate how your timesheets should be coded. Please note a combination of coding can be used.

		Indicate actual calendar dates as applicable to above dates:
Lieu Time *(Banked OT)*	(days)	
Paid Holidays	(days)	
Float Days	(days)	
Unpaid Personal Leave Days	(days)	

Supervisor/Designate comment section /electronic signature:

ESP ☐   VAC ☐   Bench Schedule ☐   D Schedule ☐