TIME OFF REQUEST FORM

Date of Request: _____

Employee Name: _____

Requested Dates: _____

TIME OFF TO BE CHARGED AS FOLLOWS: Indicate your choice of how the time off is to be used and if it is not eight (8) hours, please indicate the time span. (Example: 4 hours 8:00 - 12:00). Time off may be no less than ½ hour increments.

Sick Leave Requested _____ Hours Available _____

Vacation Leave Requested _____ Hours Available _____

Emergency Leave Requested _____ Hours Available _____

Comp Time Leave Requested_____ Hours Available _____

Time off without pay _____

COMMENTS:_____

_____

_____

Employee Signature: _____

Supervisor Signature: _____

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