



Request for Time Off

Please complete all sections. Upon completion, submit this form via email to your supervisor for approval in accordance with the policy associated with the type of leave requested. (Note: this form is not for Family Medical Leave)

Name _____ Employee # _____

Department _____ Job Title _____

Date Submitting Request _____

Leave Date(s) and Time(s) Requested _____ Start Date _____ Start Time _____
 AM PM

_____ End Date _____ End Time _____
 AM PM

Total number of hours requested _____

Leave type:

- Vacation** If requesting advance, complete the "Request for Advanced Vacation Pay" form.
- Birthday** To be taken in the pay period of your birthday, the pay period immediately preceding or following your birthday, or as specified by union agreement.
- Sick Leave** Only those hours which have been accrued and not used.
- Personal Leave Day** Must be taken as a full day off.
- Funeral Leave** Family Relationship
- Jury Duty** Attach one (1) copy of the court order.
- Military Leave** Attach one (1) copy of orders.
- Leave of Absence** Without pay, reason:
(Note: leave of absence without pay requires Executive Director's approval)
- Union Business** Reason:

This section to be completed by the Supervisor and/or Director only.	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied, reason
Supervisor: _____	Date: _____
Dept. Director: _____	Date: _____