

Request For Time Off



This form must be used for time off from work of over three (3) hours: Vacation, Personal time, scheduled Sick Leave such as surgery, Leave of Absence, approved scheduled adjustments, and any sick leave over 3 days.

From: _____
(Employee Name)

Title: _____

To: _____
(Program Director Name)

Date: _____

I request to be absent from my job for the following period of time:

From: _____
(Day) (Date) (Hour)

To: _____
(Day) (Date) (Hour)

I wish this time to be charged against:

- ☐ Vacation _____ Hours
- ☐ Sick Leave _____ Hours, Relationship: _____ (For over 3 days see below)
- ☐ Personal _____ Hours (See Personnel Policy 307: Spouse, Mother, Father, Son, Daughter, Dependant in the home)
- ☐ Holiday _____ Hours
- ☐ Birthday _____ Hours, Month & Day of Birthdate: _____
Birthday Holiday for fulltime, full year employees. Must be taken during the work week (Sat – Fri) of birthday.
- ☐ Funeral _____ Hours, Relationship to the deceased: _____
- ☐ Other _____ Hours, Description: _____

In my absence, my substitute will be: _____

Extended Leave Request

Complete this section for sick leave over 3 days, Medical & Family Medical leaves (FMLA) and Leaves of Absence.

☐ **Medical Leave (Sick)** ☐ **Family Leave** ☐ **Leave of Absence**

To be eligible for **Family or Medical Leave** employees must have worked at least 12 months with this agency and worked at least 1,250 hours in the past 12 month period. See Personnel Policies 601 and 602. If leave is approved you will receive written notification and a request for additional medical information and or verification. Regular employees may request unpaid **Leave of Absence** in accordance with Personnel Policy 603.

Reason for Leave Request: _____

Dates Requested to be off: _____

Employee Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

☐ Request Approved ☐ Request Denied: _____

Program Director Signature: _____ **Date:** _____

☐ A copy of an approved Extended Leave Request must be given to the Human Resource Manager.

☐ Supervisors will retain a copy for their records.