

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:

Leaving: _____
(Day) (Date) (Hour)

Returning: _____
(Day) (Date) (Hour)

I wish this time to be charged against:

- Vacation _____ Hours
- Sick Leave _____ Hours, Relationship: _____ (For over 3 days see below)
Personnel Policy 307: Can be used for Self, Spouse, Mother, Father, Son, Daughter, Dependent in the home
- Personal _____ Hours
- Holiday _____ Hours
- 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. If leave is approved you will receive written notification and a request for additional medical information and verification. Regular employees may request unpaid **Leave of Absence** in accordance with Personnel Policy 603.

Reason for Leave Request: _____

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 Director.

Supervisors, retain a copy for your records.