



## REQUEST FOR TIME OFF

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

- Please submit this completed form to your supervisor at least two weeks prior to your requested time off, if possible. This improves the likelihood of approval.
- Please avoid requesting to take time off during the week before and the first and last weeks of each semester.
- For non-management employees: Compensatory time must be used within 12 months of earning so this option should be used before using vacation time.

I would like to *request time off as follows*:

Beginning on (date): \_\_\_\_\_ at (time): \_\_\_\_\_

Ending on (date): \_\_\_\_\_ at (time): \_\_\_\_\_

Returning to work on (date): \_\_\_\_\_ at (time): \_\_\_\_\_

This is a total of \_\_\_\_\_ to be allocated as follows:

**Leave Type:** (Please check at least one box below - do not leave blank.)

- Compensatory Time Off (CTO)
- Vacation
- Sick leave (sick/doctor/dentist)\*
- Personal Necessity (charged to sick leave)\*
- Well Day
- Personal Holiday
- Day off without pay (less than 12 month employees only)
- Other (specify) \_\_\_\_\_

\*These leaves may require confirming evidence.

Comments / explanations: \_\_\_\_\_

*I confirm that I have accrued sufficient leave to cover this request, and that the request is consistent with my conditions of employment. I also understand that time away from work is subject to approval, and that I may not be absent without receiving prior approval.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Approved
- Disapproved

Immediate Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_