



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.
- 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: _____

