

F108

Created 6/93
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Request for Time-Off

Approved by _____

Ronald E. Filipy, Director
March 2001

I request the following amount of time off during the period:

Name: _____ Date: _____

Day(s)/Hours: _____ Date(s): _____

To be deducted from:

Annual Leave _____ Personal Holiday _____ Compensatory Time _____

Sick Leave _____ Bereavement Leave _____

Employee's Signature _____ Approved: _____

Disapproved: _____

Date: _____

Comments:

Employee's Acknowledgment:

Date: _____

A request for Time-off form must be completed prior to each planned absence from work and submitted to your immediate supervisor for approval. Signed form will be returned to employee for acknowledgement and signature, then returned to the Administrative office for records keeping. A form for unanticipated illness should be completed upon your return and will be routed in the same manner as described above.