



STAFF TIME OFF REQUEST

Steps:

1. Staff member fills out form and reviews request with his/her supervisor
2. Supervisor signs off and routes request to Head of Staff for approval
3. Sylvia records dates on office time-away calendar, makes a copy for staff member, a copy for staff member file, and one copy for Lynn B (for payroll)

STAFF MEMBER: _____ DATE SUBMITTED: _____

TOTAL NUMBER OF DAYS *or* HOURS OFF REQUESTED: _____

Beginning Date: _____ Day of the Week: _____

Last Date Off: _____ Day of the Week: _____

Return to Work Date: _____ Day of the Week: _____

INDICATE TYPE OF TIME OFF (Type X):

NOTE: Payment of time off will be made per time off guidelines and available time off balances; if time off balances are not available (already used), the time away may be unpaid.

- ___ Annual Leave (vacation, personal time off)
- ___ Study Leave
- ___ Personal Medical, Family Medical, Pregnancy and Parental Leave
- ___ Sick, Family Care and Safe Leave
- ___ Bereavement Leave
- ___ Conference / Retreat / Seminar / Training
- ___ Sabbatical Leave
- ___ Jury Duty and Witness Leave
- ___ Emergency Services
- ___ Military Leave for Spouses
- ___ Other

Additional detail/explanation, as necessary:

[] Approved

[] Not approved

Remarks:

Supervisor: _____ Date: _____

Head of Staff: _____ Date: _____