## TIME OFF REQUEST FORM



Employee Name:		Date of Request:		
Guidance				
<ol> <li>Paid Time-Off immedia</li> <li>Annual leave should b</li> <li>A request for paid-time upon return to work.</li> </ol>	e requested at least one pay perion e-off for unanticipated reasons (illnow) ou are expected to notify your superinistrative paid-time-off for funerals	riod effected. should be requested a month in add in advance. More advance notice ess, injury, emergency, etc.) should pervisor of your absence as soon as s, extreme weather, or other condition	is desirable. be filed immediately possible.	
I am requesting the	time off described below.			
Date(s):		Total Hour(	s):	
Check appropriate box(es):	Annual Leave			
	Sick Leave			
	*Administrative (describe reason below)			
	Gifting Paid Time Off With Pay			
				Without Pay
	*Description of Leave:			
Employee Signature:		Date:		
Supervisor Signature:		Date:		
Executive Director Signature:		Date:		