

**TIME OFF REQUEST**

**Please submit this form to accounting**

Employee Name: \_\_\_\_\_ Employee# \_\_\_\_\_

Time Requested Is Being Submitted For Use From:

\_\_\_\_\_ Vacation Bank

Date(s) \_\_\_\_\_ #of Hours \_\_\_\_\_

Date(s) \_\_\_\_\_ #of Hours \_\_\_\_\_

\_\_\_\_\_ Sick Bank

Date(s) \_\_\_\_\_ #of Hours \_\_\_\_\_

Date(s) \_\_\_\_\_ #of Hours \_\_\_\_\_

\_\_\_\_\_ Personal Catastrophic Bank

*(Please refer to PTO policy for rules on the use of this bank)*

Date(s) \_\_\_\_\_ #of Hours \_\_\_\_\_

Date(s) \_\_\_\_\_ #of Hours \_\_\_\_\_

\_\_\_\_\_ Agency Paid Bereavement Leave (Up to 3 days if qualifies)

Date (s) \_\_\_\_\_ #of Hours \_\_\_\_\_

1)Is this absence due to an already designated FMLA leave? Yes\_\_\_ No\_\_\_

*If yes, you may skip questions 2 &3*

2)Is this absence due to an immediate family member's medical condition (father, mother, spouse, or child)? Yes\_\_\_ No\_\_\_

3)Is this absence due to the same health condition (yours or an immediate family member's) that has caused you to miss work earlier this calendar year? Yes\_\_\_ No\_\_\_

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

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Recorded/Paid by: \_\_\_\_\_ Date: \_\_\_\_\_

HR Specialist: \_\_\_\_\_ Date: \_\_\_\_\_