

TIME OFF REQUEST FORM

TO: _____

DATE: _____

FROM: _____

I would like to request time off on the following dates to be charged to:

TIME REPORTING CODE*	Date(s)	Total Hours Not at Work	Time of Day Not at Work
VACATION <input type="checkbox"/> VAC <input type="checkbox"/> VS			
PERSONAL LEAVE <input type="checkbox"/> PL <input type="checkbox"/> PLSK			
SICK LEAVE <input type="checkbox"/> SICK <input type="checkbox"/> SP <input type="checkbox"/> SFAM <input type="checkbox"/> SFFNR <input type="checkbox"/> SFNRL <input type="checkbox"/> SPR			
OTHER (specify):			

EMPLOYEE'S SIGNATURE: _____

APPROVED / DISAPPROVED
(Circle One)

Supervisor's Signature

Date

**IF APPROVED, A COPY OF THIS FORM MUST BE ATTACHED TO
AND SUBMITTED WITH THE BIWEEKLY TIME SHEET**

Reason (If Disapproved):

Too many vacation requests for the same period

Other employees have seniority

Other _____

To expedite a decision on your request for time off, please remember:

1. All requests should be made with as much advance notice as possible to the supervisor.
2. Requests for a leave of absence should be made through a letter or memo forwarded to the appropriate Human Resources liaison, and should include any necessary documentation.
3. Requests for four (4) or more consecutive days of summer vacation leave must be submitted to Supervisor by April 1st of each year.

* Please consult the Department of Social Services Employee Guide to Time & Attendance Coding (Revised October 2003) for information on Time Reporting Code definitions.