



Request for Time Off

Use this form to request any paid time off from your job.

- The staff member:
 - completes the top section of this form
 - submits it to his/her supervisor at earliest possible date.
- The supervisor:
 - verifies that the staff member is eligible for paid time off
 - completes the bottom section of this form

All paid time off should comply with University policy and further documentation may be requested. Policy questions may be directed to the office of Staff and Labor Relations (8-6093).

Name _____

SS# _____ Department _____

REASON	DATE(S)	# OF DAYS	# OF HOURS
<input type="checkbox"/> Paid Time Off	_____	_____	_____
<input type="checkbox"/> Sick Leave	_____	_____	_____
<input type="checkbox"/> Comp Time	_____	_____	_____
<input type="checkbox"/> Annual Military Duty	_____	_____	_____
<input type="checkbox"/> Jury Duty	_____	_____	_____
<input type="checkbox"/> Death in Family <i>(specify relationship below)</i>	_____	_____	_____
<input type="checkbox"/> Other <i>(explain below)</i>	_____	_____	_____
TOTAL TIME OFF:		_____	_____

FURTHER EXPLANATION *(when required)*

Employee signature _____

Date _____

SUPERVISOR'S RECOMMENDATION:

- Approved
- Approved with following modification:
- Unapproved for following reason:

COMMENTS:

Supervisor's signature _____

Date _____