

REQUEST FOR TIME OFF

NAME _____ TODAY'S DATE _____
EMPLOYEE NUMBER _____ DATE OF HIRE _____
ORGANIZATION _____ DIVISION _____

PLEASE CHECK THE APPROPRIATE BOX:

- | | |
|---|---|
| <input type="checkbox"/> VACATION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> LEAVE OF ABSENCE | <input type="checkbox"/> BEREAVEMENT LEAVE |
| <input type="checkbox"/> SICK LEAVE | <input type="checkbox"/> WORK RELATED INJURY |
| <input type="checkbox"/> COMP. TIME | <input type="checkbox"/> SEMINAR/EDUCATIONAL TRAINING |

DATE(S) REQUESTED: _____

HOURS REQUESTED: _____

EXPLANATION:

DATE

EMPLOYEE SIGNATURE

APPROVED

DISAPPROVED

(EXPLANATION)

DATE

DIVISION HEAD

DATE

DEPARTMENT HEAD

DATE

CITY MANAGER