REQUEST FOR TIME OFF

Requests for time off should be made in writing at least two (2) weeks in advance.

I, _____________________________________     Department /Program: ___________________
(Print clearly)

hereby request ____________________________
(Type of leave – e.g., personal, vacation, sick, bereavement, military, jury duty, SNLA, FMLA, MMLA)

Be granted for the following date(s):

_________________________________________________________________________________

Total number of days: __________

_____________________________________     ________________
Employee Signature                          Date

______________________________________     ________________
Approved by CES Coordinator                Date

______________________________________     ________________
Approved by Executive Director             Date
and/or CES Department /Program Director

It is the responsibility of the requester to get the required signatures and attach this form to the timesheet - for the pay period impacted by this request - to ensure proper accounting for work hours.

Rev 8/2012