REQUEST FOR TIME OFF

I, ________________________________ hereby request

________________________________________________________

(Type of leave – vacation, personal, sick)

Be granted for the following date(s):

________________________________________________________

________________________________________________________

Number of days: ________

If leave without pay, state reason: (ie: FMLA)

________________________________________________________

________________________________________________________

________________________________________________________

Employee Signature ________________________________ Date __________

Teaching Coordinator Signature ________________________________ Date __________

(if applicable)

Coordinator /Supervisor Signature ________________________________ Date __________

Woody Clift.
CES/DYS Director of Education ________________________________ Date __________

Received by Business Office: ________________________________

Please attach this form the time sheet for the affected pay period to avoid time being deducted from your pay check.