

# Time Off Request

**\*\*You MUST complete ALL sections of this form or your request will NOT be granted\*\***  
 Teachers and Admin Staff- work day is 8 hours  
 Paraprofessional Staff- work day is 7.5 hours

**Employee Name:** \_\_\_\_\_ **Total # of Hours Requested:** \_\_\_\_\_

**Pay Period Ending Date for Requested Hours: (\*this is the week ending Friday)** \_\_\_\_\_

Date(s) Scheduled to Work:	Reason for Time Off:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Type of Hours Requested:** (check all that apply—if more than one type, indicate # of hours for each)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Sick Hours _____               | <input type="checkbox"/> Personal Hours _____  | <input type="checkbox"/> Worker’s Comp Hours _____ |
| <input type="checkbox"/> Professional Development _____ | <input type="checkbox"/> Vacation Hours _____  | <input type="checkbox"/> Bereavement Hours _____   |
| <input type="checkbox"/> Jury Duty Hours* _____         | <input type="checkbox"/> Unpaid time off _____ |  |

\*Jury Duty Hours—Please attach the Jury Duty Assignment Verification to this request.

**Employee Signature**

**Date**

\*\*\*\*\*

**FOR OFFICE USE ONLY:**

Business Manager’s Approval: \_\_\_\_\_  
Signature Required

Human Resources Verification of Time Available: \_\_\_\_\_Sick  
 \_\_\_\_\_Personal  
 \_\_\_\_\_Holiday  
 \_\_\_\_\_Vacation

Head of School’s Approval: \_\_\_\_\_