



Time Off Request

****You MUST complete ALL sections of this form or your request will NOT be granted****

Employee Name: _____

Total Number 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)

- Sick Hours _____
- Professional Development _____
- Jury Duty Hours* _____
- Personal Hours _____
- Vacation Hours _____
- Unpaid time off _____
- Worker’s Comp Hours _____
- Bereavement Hours _____

*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: _____

Teachers and Admin Staff- work day is 8 hours, Paraprofessional Staff- work day is 7.5 hours