

Facilities Development and Operations Time Off Request Form

Employee Name: _____

Dates Requested: (from) _____ (through) _____

Type of Leave Requested:

{{(check applicable box's) and write in total number of hours for each category}}

- | | |
|---|---|
| <input type="checkbox"/> _____ Vacation | <input type="checkbox"/> _____ Family Sick |
| <input type="checkbox"/> _____ CTO | <input type="checkbox"/> _____ Personal Holiday |
| <input type="checkbox"/> _____ Sick Leave | <input type="checkbox"/> _____ Other |

Employee Signature: _____ **Date:** _____

I acknowledge that I have or will have sufficient accrual for time requested.

Supervisor's Signature: _____ **Date:** _____

Administrator's Approval: _____ **Date:** _____

- Approved Disapproved (reason for disapproval)

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