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

☐ ________ Vacation ☐ ________ Family Sick
☐ ________ CTO ☐ ________ Personal Holiday
☐ ________ Sick Leave ☐ ________ 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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