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)

Revised 12 2007