

Request for Paid Time Off

Name _____ Date _____

Program(s) _____

Date	Beginning Time	Ending Time	Planned Time Off (# of hours)	Unplanned Time Off (# of hours)	Administrative Time Off (# of hours)	Hours reported in Accel? Y/N

Planned Time Off (Vacation): Two week notice required and must be approved by Program Manager/Administrator

Unplanned Time Off (Sick or Personal): Must be approved by Program Manager/Administrator

Administrative Time (Training, Bereavement, Jury Duty, Holiday): Must be approved by Program Manager/Administrator

Note: Employees may not take **UNPAID LEAVE** without special permission in advance from Human Resource Director. Employees must have available, appropriate and approved leave time available to be off work. Requested and approved hours will be adjusted to reflect employees available leave, if less than requested.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Program Director Signature _____ Date _____

Total Hours Approved _____ **Total Hours Denied** _____