

Time Off Request

Name _____ Employee# _____

Program(s) _____ Date _____

Date	Beginning Time	Ending Time	Planned Time Off (# of hours)	Unplanned Time Off (# of hours)	Administrative Time Off (# of hours)	Unpaid* Time Off # of hours

ALL HOURS MUST BE ENTERED INTO ACCEL (Except for Unpaid)

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 TIME OFF*** without special permission in advance from Human Resource Director. *Unplanned and planned time must be used up first, before requesting unpaid leave.* Employees must have 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 _____

Supervisor Signature _____

Date _____

HR Director Signature* _____

Date _____

Date _____

Planned Hours Available _____ Unplanned Hours Available _____ Hours Approved _____

Hours Denied _____ Date of Pay Stub Reviewed _____

Scanned/mailed to bweneck@cicloh.com Y / N