



Community Action

TIME OFF REQUEST FORM

Employee: _____ **ID#:** _____

- Vacation Leave VAC Date(s): _____ Total Hours: _____
- Sick Leave SICK Date(s): _____ Total Hours: _____
- PTO PTO Date(s): _____ Total Hours: _____
- Floating Holiday HOLF Date: _____ Total Hours: _____
- Jury Duty OTHER Date(s): _____ Total Hours: _____
- Funeral (Bereavement) OTHER Date(s): _____ Total Hours: _____
Relationship to Employee _____
- Vacation Leave Cash In VAC Total Hours: _____
- Time Without Pay Date(s): _____ Total Hours: _____
Supervisor required to contact HR

I understand that my request will be processed in accordance with the provisions of the union contract and Community Action policies. Sick and vacation can not be taken prior to the time it is earned. I understand that I am required to use accrued vacation hours for any absence from work, except as described in other company policies (ie: sick, bereavement, jury duty).

Signature: _____ Date: _____

Approved: <input type="checkbox"/>	Supervisor Signature: _____	Date: _____
Not Approved: <input type="checkbox"/>		



Community Action

TIME OFF REQUEST FORM

Employee: _____ **ID#:** _____

- Vacation Leave VAC Date(s): _____ Total Hours: _____
- Sick Leave SICK Date(s): _____ Total Hours: _____
- PTO PTO Date(s): _____ Total Hours: _____
- Floating Holiday HOLF Date: _____ Total Hours: _____
- Jury Duty OTHER Date(s): _____ Total Hours: _____
- Funeral (Bereavement) OTHER Date(s): _____ Total Hours: _____
Relationship to Employee _____
- Vacation Leave Cash In OTHER Total Hours: _____
- Time Without Pay Date(s): _____ Total Hours: _____
Supervisor required to contact HR

I understand that my request will be processed in accordance with the provisions of the union contract and Community Action policies. Sick and vacation can not be taken prior to the time it is earned. I understand that I am required to use accrued vacation hours for any absence from work, except as described in other company policies (ie: sick, bereavement, jury duty).

Signature: _____ Date: _____

Approved: <input type="checkbox"/>	Supervisor Signature: _____	Date: _____
Not Approved: <input type="checkbox"/>		