HARRIS COUNTY
INSTITUTE OF FORENSIC SCIENCES
SCIENCE. SERVICE. INTEGRITY.

TIME OFF OR COMP TIME REQUEST FORM

Employee Name: _____ **Section:** _____

Time Off Request

Type of Leave:

☐ **Comp Time** ☐ **Vacation** ☐ **Personal Sick** ☐ **Family Sick**

☐ **Floating Holiday** ☐ **Jury Duty** ☐ **Worker's Comp** ☐ **Docked Time**

☐ **Funeral:** _____**(Relationship)** ☐ **Military Leave**

Requesting Off From: **Date** _____ **Time** _____

Thru: **Date** _____ **Time** _____

Total Hours Requesting Off: _____

Returning to Work: **Date** _____ **Time** _____

Coverage Provided By: _____ **Initials:**_____

_____ **Initials:**_____

Comments: _____

Comp Time Request

Note: All Comp Time requests must be submitted in advance or as soon as possible.

Date: _____ **From:** _____ **to** _____ **Total Hours:** _____

Reason: _____

Employee's Signature: _____ **Date Requested:** _____

Manager's Signature: _____ ☐ **Approved** ☐ **Denied:** _____
(Date)

Revised 03/21/14 akf