Print Form

SUNY GENESEO

TIME OFF REQUEST

(For use by all employees except teaching faculty and graduate assistants.)

NAME

DEPARTMENT

FROM DATE TIME ☐ AM ☐ PM

TO DATE TIME ☐ AM ☐ PM

TOTAL TIME OFF ◯ Days ◯ Hours

ACCRUALS TO BE CHARGED: CHECK ONE

◯ Sick Leave ◯ DRL Leave

◯ Personal ◯ Accrued Holiday

◯ Vacation ◯ Comp Time

Please note: all leaves must have prior approval (with the exception of sick leave).

Employee Signature Date

Supervisor Signature Date

COMMENTS

Original forms must be retained by the employee's department for a period of three years. Forms should not be forwarded to the Human Resources Office.