



California Teaching Fellows Foundation

Time Off Request Form

Employee Absence Information

Employee: _____

Site Coordinator: _____

School Site: _____

Site Liaison: _____

Type of Absence Requested:

- Sick Vacation Bereavement Disability Leave
 Military Jury Duty Maternity/Paternity Other

Date(s) of Absence: From: _____ To: _____

Sub Needed? Yes No

Program Time: Start: _____ End: _____

Reason for Absence:

You must submit requests for absences, other than sick leave, at least two (2) weeks prior to the requested day.

Employee Signature

Date

(____) _____
Phone Number

Site Coordinator Notification

Site Coordinator/Lead Signature

Date

Site Liaison Approval

For Office Use Only

Approved

Rejected

Site Liaison

Date