

EMPLOYEE TIME OFF REQUEST

EMPLOYEE INFORMATION

Name: _____ Dept: _____

Job Title: _____

Supervisor Name: _____

Starting date: _____ Ending date: _____

I will return to work on: _____

TYPE OF REQUEST

- FUNERAL / BEREAVEMENT LEAVE
- JURY DUTY
- TIME OFF TO VOTE
- OTHER

COMMENTS

CERTIFICATION / APPROVALS

I understand that time away from work is subject to my supervisor's approval and college policies.

Employee Signature: _____ Date: _____

Supervisor Approval: _____ Date: _____

Employee Engagement: _____ Date: _____

Completed form must be returned to the Office of Employee Engagement for processing.