

# 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.*