

Facilities Development and Operations Time Off Request Form

Employee Name: _____

Dates Requested: (from) _____ (through) _____

Type of Leave Requested:

{{(check applicable box's) and write in total number of hours for each category}}

☐ _____ Vacation

☐ _____ Family Sick

☐ _____ CTO

☐ _____ Personal Holiday

☐ _____ Sick Leave

☐ _____ Other

Employee Signature: _____ **Date:** _____

I acknowledge that I have or will have sufficient accrual for time requested.

Supervisor's Signature: _____ **Date:** _____

Administrator's Approval: _____ **Date:** _____

☐ Approved

☐ Disapproved (reason for disapproval)

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