



# REQUEST FOR TIME OFF FORM

1. Complete this form and submit to your manager for preliminary approval and signature.
2. When signed, give this form to Therese Robertson in H.R. Department in person, or attach it to an email to [therese@cornerstonesf.org](mailto:therese@cornerstonesf.org).

**Requests should be submitted a minimum of 30 days in advance.**

Date \_\_\_\_\_

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Requested date(s) off: From: \_\_\_\_\_ (day/date) to \_\_\_\_\_ (day/date)

Return to work date: \_\_\_\_\_ (day/date)

**Reason for Request:**

☐ Vacation                      ☐ Time Off Without Pay                      ☐ Jury Duty                      ☐ Bereavement  
☐ Conference (Name/Location) \_\_\_\_\_

**For emergency purposes, I will be:**

☐ Out of Country                      ☐ Out of State

**Have you temporarily reassigned your duties to cover your leave of absence?**

☐ Yes, \_\_\_\_\_ (name) will cover my duties.                      ☐ No, not yet.

Signature of employee: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Does employee have enough vacation time for this request?                      ☐ Yes, paid absences                      ☐ No, unpaid absences

Notes: \_\_\_\_\_

Manager's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Admin Pastor's Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

H.R. Dept. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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