



Community Action

**TIME OFF REQUEST FORM****Employee:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

<input type="checkbox"/> Vacation Leave	VAC	Date(s): _____	Total Hours: _____
<input type="checkbox"/> Sick Leave	SICK	Date(s): _____	Total Hours: _____
<input type="checkbox"/> PTO	PTO	Date(s): _____	Total Hours: _____
<input type="checkbox"/> Floating Holiday	HOLF	Date: _____	Total Hours: _____
<input type="checkbox"/> Jury Duty	OTHER	Date(s): _____	Total Hours: _____
<input type="checkbox"/> Funeral (Bereavement)	OTHER	Date(s): _____	Total Hours: _____
<small>Relationship to Employee</small>		_____	
<input type="checkbox"/> Vacation Leave Cash In	VAC		Total Hours: _____
<input type="checkbox"/> Time Without Pay		Date(s): _____	Total Hours: _____

**Supervisor required to contact HR**

I understand that my request will be processed in accordance with the provisions of the union contract and Community Action policies. Sick and vacation can not be taken prior to the time it is earned. I understand that I am required to use accrued vacation hours for any absence from work, except as described in other company policies (ie: sick, bereavement, jury duty).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: ☐

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Not Approved: ☐

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Approved: ☐

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Not Approved: ☐