

Vacation/ Sick Leave Time Off Request

Date _____

Employee Name: _____

Dates Requested: 1st day off _____ Date returning to work _____

Other: _____

Do you have an alternate choice of dates if needed ? Yes _____ No _____

What are the alternate dates: 1st day off _____ Date returning to work _____

Please check one:

☐ I am requesting to use _____ (# of hours) paid vacation leave

☐ I am requesting to use _____ (# of hours) paid sick leave

My available balance _____ (# of hours) as of the date of this request.

Employee signature: _____

SUPERVISOR ONLY:

Approved _____ Approving Alternate Dates _____ Not Approved _____

Supervisor signature _____ Date _____

Please file a copy of the decision in your department head's office and/or COM HR office.