HOLLEY CENTRAL SCHOOL DISTRICT

REQUEST FOR TIME-OFF

TYPE	DATE(S): Note AM/PM for ½ Days & Explanation where appropriate
VACATION LEAVE	
SICK LEAVE	
PERSONAL LEAVE	
BEREAVEMENT LEAVE	Relation:
DEDUCT TIME	
AUTHORIZED LEAVE	

EMPLOYEES' NAME (Print): _____

EMPLOYEES' SIGNATURE: _____ **DATE:** _____

APPROVED: _____ **DENIED:** _____

COMMENTS: _____

_____

_____

SUPERVISOR'S SIGNATURE: _____ **DATE:** _____

3 COPIES: PAYROLL OFFICE: _____ **SUPERVISOR:** _____ **EMPLOYEE:** _____

Requests for time-off should be completed by employee and approved by supervisor two-weeks prior to the requested time-off, unless otherwise stated in contract. The employee is responsible for adequate notice. The Supervisor is responsible for the timely response, adequate coverage of the employee's job responsibilities and the forwarding of a copy of this approved form to the employee and payroll department in a timely manner.

Requests approved in this manner take priority over last minute requests.