

## Vacation/ Sick Leave Time Off Request

Date \_\_\_\_\_

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

Dates Requested: 1<sup>st</sup> day off \_\_\_\_\_ Date returning to work \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

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

What are the alternate dates: 1<sup>st</sup> 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: \_\_\_\_\_  
\_\_\_\_\_

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### **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.***