



ChildStart
incorporated

CHILD AND FAMILY SERVICES

REQUEST FOR TIME OFF

Name: _____ Program: _____ Date: _____

Dates Requested: _____ to _____ Hour (if applicable): _____ to _____

Total Number of Days: _____ Total Number of Hours: _____

PAID LEAVE

- Vacation *
- Illness *
- Bereavement (up to 3 days-Immediate Family)
- Jury Duty (attach verification note)
- Personal Holiday
- Personal Leave (Exempt staff only)
- Other: _____

UNPAID LEAVE

- Illness
- Jury Duty (attach verification note)
- Family/Medical (attach Family/Medical Leave Form)
- Pregnancy Disability (attach doctor's certification)
- Military Training
- Other: _____

* Leave will only be paid to the amount accrued.

Employee Signature: _____ Date: _____

Supervisor Approval: _____ Date: _____

HR03 05/10/04



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