

# EMPLOYEE TIME OFF REQUEST

## EMPLOYEE INFORMATION

Name \_\_\_\_\_ Dept: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Starting date \_\_\_\_\_ Ending date \_\_\_\_\_

I will return to work on \_\_\_\_\_

bereavement

## TYPE OF REQUEST

JURY DUTY Must attach Jury Summons

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

## COMMENTS

## CERTIFICATION & APPROVALS

I understand that time away from work is subject to my supervisor's approval and college policies.

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

Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Engagement \_\_\_\_\_ Date: \_\_\_\_\_

Completed form must be returned to the Office of Employee Engagement for processing.

