

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 TM Must attach Jury Summons

B > K K K E d / K E Ž D μ • š š š Z } ((r u % o % o • C E } % o (% o - } y ŷ š u (} v C E } v u % o μ • Å

d / D K & & d K s K d

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.

