

The Fountain of Praise

2022 Request for Time Off

Instructions:

1. Complete sections (1-3). 2. Select the days of time off requested. (Request must fall within one payroll period - Refer to Payroll Schedule)
3. Circle the reason code. 4. Return this form to your supervisor.

(1) Date _____ Employee Name _____

Department _____ Title _____

Manager _____ Director _____

Employee Signature _____ Employment status: Full Time Part Time

- (2)**
- This is a formal request for time off on the following dates, to be granted with approval of your manager.
 - Please circle the dates you are requesting off.
 - Vacation, floating holiday, personal, family, medical, maternity and other leave request must be scheduled at least (2) weeks in advance.

Staff Holidays	Unavailable Dates	# of days or hours requested																																																																																																																																																																																							
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(3) Please circle reason code:

(1) Vacation (2) Floating Holiday (3) Personal (4) Sick (5) Bereavement (6) Jury Duty (7) Military Leave
 (8) Maternity (9) Family/Medical Leave (10) Other _____

The manager will indicate their approval of this request by placing an X in the Approved or Reschedule box and providing a dated signature. Once approval is granted for time off, managers must keep a copy in their files. The completed form must be returned to the employee who is responsible for forwarding copies to both Payroll and Human Resources.

(4) Manager approved Reschedule Compensated Yes No

Manager Signature _____ Date _____

Remarks _____

Payroll Processing Date received _____

Employee does not have accrued hours of compensated time off.
 Compensated time off posted to ADP for week ending _____
 Processed and filed in employee payroll records. Date _____

Total hours compensated _____ Reason code _____
 Total hours non-compensated _____ Reason code _____

Human Resources Date received _____

Filed in employee benefit file
 Date _____
 Other _____