Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Request for Time Off: Planned**

Requested date/time of absence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Use a separate form for non-consecutive dates)

***Full-time & Part-time A staff only***:

 PTO (if eligible & submitted at least one month in advance if more than 2 consecutive days)

* If you do not have time available by this date, it will be unpaid
* Non-exempt employees must work their scheduled workday before and after the holiday in order to be paid for the holiday, unless they are using vacation time for all the days off surrounding the holiday.
* Per the Employee Handbook:

*“Employees are responsible for tracking their own PTO and knowing how much they are eligible to use at the*

*time the Request for Time Off is made. Those in charge of approving time off are approving coverage for the*

*time, not whether the employee has enough PTO to be paid for the time.”*

 Unpaid time

***Staff members with children***:

 Yes, my child will be here from to

 No, they will not be in attendance

***Administrator Only***

 Approved  Not Approved

 Not Approved at this time due to coverage. May change if substitutes become available.

Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Post Absence

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Request for use of Personal Time: Post Absence**

Date(s) of absence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Full-time & Part-time A staff only***

 PTO

Per the Employee Handbook:

*“Employees are responsible for tracking their own PTO and knowing how much they are eligible to use at the*

*time the Request for Time Off is made. Those in charge of approving time off are approving coverage for the*

*time, not whether the employee has enough PTO to be paid for the time.”*

 Unpaid time

* Post Absence PTO Requests must be submitted **before** the end of the pay period or they cannot be processed

Training Request

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Request for Time Off: Training**

Training Date(s)

Training Time (including travel time)

* If training is less than work hours you may be required to work before and/or after training

Training Name: 

Location:

Description of Training:

\*\*Return to the **Directors** mailbox for approval

**Administration Only**

Director Approval  Approved  Not Approved

Scheduling Approval  Approved  Not Approved