



Henderson Knox Mercer Warren ROE #33

TIME-OFF REQUEST FORM

All employees must have the signature of the Regional Superintendent prior to taking time-off except absence due to illness.

This form must be turned in and signed by the Regional Superintendent upon return to work due to illness.

Name _____ **Date** _____
(Please print)

Type of Time-Off requesting: Vacation Sick Personal Unpaid

Time-Off Days Requested:

From: _____ To: _____

Date Returning to Work: _____ No. of Working Days Off: _____

Employee Signature _____ **Date** _____

Supervisor Signature _____ **Date** _____

Regional Superintendent Signature _____ **Date** _____

For Office Use Only

Total Time-Off Hours Accumulated to Date

_____ Vacation

_____ Sick

_____ Other Personal

Total Used After Request

_____ Vacation

_____ Sick

_____ Other Personal