



Request for Time Off

Employee Name: _____

Request Date: ____/____/____

To Payroll:

I **shall** be absent from the office on:

Date(s): _____

Number of Days: _____

Number of Hours: _____

I **was** absent from the office during:

Date(s): _____

Number of Days: _____

Number of Hours: _____

Reason for time off:

PTO (paid time-off)*

Voting

Unpaid (no accrued PTO)

Sick Leave – Self***

Other: _____

Bereavement (relationship to deceased)**: _____

Jury Duty / Witness (attach summons /court order)

School or Daycare Activity (unpaid time / must use accrued PTO first)

Sick Leave – Family Member***

PTO Cash-out:

Number of Hours: _____ Please process check for payroll date of ____/____/____

* If accrued PTO is not sufficient to cover absence, the remainder of requested time off will be **unpaid**.

** Three (3) days consecutive scheduled workdays off **without pay** in the event of the death of the employee’s current spouse, registered domestic partner, child, parent, legal guardian, brother, sister, grandparent, or grandchild; or mother-, father-, sister-, brother-, son-, or daughter-in-law. Your supervisor may approve additional unpaid time off.

*** **Minimum sick leave increment is 2-hours.** Sick leave includes leave for you or a family member for preventive care or care of an existing health condition or for specified purposes if you are a victim of domestic violence, sexual assault or stalking. The employee’s current spouse, child or individual for which the employee stands in loco parentis, legal guardian or ward, parent, parent-in-law, person who stood in loco parentis status when the employee was a minor child, sibling, grandparent, or grandchild. An employee’s domestic partner (as defined by law), as well as the child and parent of a registered domestic partner, are also considered an employee’s family member. These familial relationships include not only biological relationships, but also relationships resulting from adoption, step-relationships, and foster care relationships. The definition of child applies irrespective a child’s age or dependency status. **If you feel that this leave qualifies for Family Medical Leave (FMLA) or California Family Rights Act (CFRA) leave or if your absence will be over 30 days, please complete a Request for Leave of Absence form and submit to Human Resources.**

Employee Signature

Date

Supervisor Approval Signature

Date

Executive Approval Signature

Date