

**FACILITIES SERVICES REQUEST FOR TIME OFF
VACATION / SICK / BEREAVEMENT**

EMPLOYEE NAME: _____

DATE OF REQUEST: _____

CLASSIFICATION TITLE: _____

VACATION:

DATES (HOURS) REQUESTED OFF: _____

ADDITIONAL EXPLANATION: _____

- *Subject to available vacation accrual balance at time vacation is taken. (contract section 12.2.2F)*

SICK TIME / BEREAVEMENT

NOTE: a doctor slip will be required after three (3) days absence.

DATES (HOURS) OFF: _____

EXPLAIN REASON FOR ABSENCE (be specific): _____

CHARGE TO: ☐ VACATION ☐ SICK ☐ BEREAVEMENT

DOCTOR SLIP SUBMITTED/RECEIVED: ☐ YES ☐ NO

COMMENTS: _____
