FACILITIES SERVICES REQUEST FOR TIME OFF VACATION / SICK / BEREAVEMENT

EMPLOYEE NAME:				
DATE	OF REQUEST: _			
CLAS	SIFICATION TITI	LE:		
<u>VACA</u>	TION:			
	DATES (HOURS)	REQUESTED OFF:		
	ADDITIONAL EX	IPLANATION:		
	_			
	• Subject to availa	ble vacation accrual bal	ance at time vacation	is taken. (contract section 12.2.2F)
	TIME / BEREAVE : a doctor slip will b	EMENT e required after three (3)	days absence.	
	DATES (HOURS) OFF:			
	EXPLAIN REASON FOR ABSENCE (be specific):			
	CHARGE TO:	□ VACATION	□ SICK	□ BEREAVEMENT
<u>DOCT</u>		TED/RECEIVED:	□ YES	□ NO

Email your requests to your supervisor directly. Your supervisor will confirm via email if your request is approved. To submit your request, complete the form, then save to your documents. Once saved, send your supervisor an email and attach the form.