



# TIME OFF REQUEST FORM

## Absence Information

Employee Name:

Employee Number:

Location:

Type of Absence Requested (check all that apply):

  
  


Vacation  
Sick  
Jury Duty

  
  


Personal Day(s)  
Community Action (ACT)  
Bereavement

  


Time Off without Pay  
Other

Dates Requested:

From:

To:

Paid Hours Requested:

*\*Reminder, sick, vacation and personal hours must be used in full one hour increments.*

Unpaid Hours Requested:

*\*Current Accrued Vacation/Personal time must be used before requesting unpaid time off*

**CALIFORNIA &  
COLORADO  
EMPLOYEES  
ONLY**

Make-Up Time – Not paid at overtime rate.

- 1). MUST BE FOR PERSONAL OBLIGATIONS,
- 2). TIME MUST BE MADE UP DURING SAME WORKWEEK, AND
- 3). YOU MUST NOT WORK OVER 11 HOURS ON A MAKE-UP DAY.

Make-Up Time On:

From (Start Time):

To (End Time):

Employee Signature:

Date Requested:

## Manager's Approval

  


Planned  
Unplanned

  


Excused  
Unexcused

Comments:

Manager's Signature:

Date Approved/Copy to Employee:

## ONLY COMPLETE THIS SECTION FOR DONATING VACATION TIME

Without coercion, I freely and willingly donate \_\_\_\_\_ hours of my accrued and unused Vacation Time to the employee listed below. I understand that I am not "loaning" these hours and once donated, they cannot be retrieved.

Recipient's Name:

Total Hours Donated:

Date:

### Intermittent FML

1. Select this box if you are currently on an approved intermittent FML and need time off related to that leave.
2. Select the appropriate box above if you are taking this time as unpaid, sick, vacation or personal hours.
3. **Reminder** - any absences tied to intermittent FML needs to be called into Unum
4. **Attention Manager** - when entering this time into Kronos add the comment "Intermittent FML"