

**SCHOLASTIC**

TIME OFF REQUEST FORM

Absence Information

Employee Name: Employee Number: Location:

Type of Absence Requested (check all that apply):

☐

Vacation

☐

Personal Day(s)

☐

Time Off without Pay

☐

Sick

☐

Community Action (ACT)

☐

Other

☐

Jury Duty

☐

Bereavement

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

☐

Excused

☐

Unplanned

☐

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"