



Stark County Clerk of Courts

Request for Time Off

Date: 10/10/2023
Employee Name: Davis McCue
Division: Clerk of Courts IT
Supervisor:

Absence Information

Type of Leave Requested:

- ☒ Sick* ☐ Vacation ☐ Funeral** ☐ Time Off Without Pay
☐ Military ☐ Jury Duty ☐ FMLA ☐ Other _____

Dates of Absence: From: 10/11/2023 To: 10/11/2023

Times of Absence: From: 10:30 AM / PM To: 11 AM / PM

Total Hours Requested: .5

* Circle one: Self or Immediate Family Member (Attach doctor note for appointments during work hours or 3 days or more off work)

** Date of Death: _____, Name and Relationship: _____

You must submit a completed Time Off Certification (below) for all approved leave requests immediately upon return to work.

Davis McCue 10/10/2023
Employee Signature Date

Supervisor Approval

- ☐ Approved
☐ Unapproved

Supervisor Signature Date

Time Off Certification

I certify that I have taken the type of leave as requested above from _____ at _____ AM / PM
to _____ at _____ AM / PM for a total of _____ hours.

Employee Signature Date