

# SAMPLE TIME OFF REQUEST POLICY AND PROCEDURES

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## POLICY:

- ❑ Time off should be requested at least two weeks in advance of the requested day(s) off.
- ❑ When requesting time off, please consider the time of year, program/activities scheduled and other time off requests when making a request.

## PROCEDURE:

1. Complete a Time off Request and forward to Supervisor for approval.

### ***Program Supervisor***

2. Review the Time off Request for correct dates, ensure that dates are not conflicting with program/activity needs and suitable substitutes (if necessary) are available.
3. Approve by signing on **Supervisor's Approval** line and forward to Division Manager. *Action needed same day request is made.*

### ***Division Manager***

4. Review the Time off Request for correct dates, ensure that dates are not conflicting with program/activity needs and suitable substitutes (if necessary) are available.
5. Approve by signing on **Division Manager's Approval** line and forward to Department Head. *Action needed the same day request is made.*

### ***Department Head***

6. Review the Time off Request correct dates, ensure that dates are not conflicting with program/activity needs and suitable substitutes (if necessary) are available.
7. Approve by signing on **Department Head's Approval** line and forward to Administrative Secretary. *Action needed the same day request is made.*

### ***Administrative Secretary***

8. Make a copy of the request and forward approved request to employee. *Action needed no more than one day after request is made.*
9. Upon receiving pay period timesheet, verify time off on Time off Request is identical to time off on timesheet.
10. If time off is verified and accurate, file Time off Request.
11. If Time off Request does not match timesheet, contact employee for clarification. File Time off Request.

# Time - Off Request

Name:	Program Area:
Date(s) Requested:	Time(s) Requested:
Reason For Time-Off:	Time-Off Code (see below):
Is Coverage Needed (please explain):	
Employee Signature:	Supervisor Signature:
Manager Signature: <span style="float: right;">Date:</span>	Department Head Signature: <span style="float: right;">Date:</span>
Time-Off Codes: CT – Compensatory Time    FL – Floating Holiday    JD – Jury Duty (copy of summons required) PL – Personal Leave    SK – Sick (Doctor appointment also)    VA – vacation    WO – Without Pay	