

COMMUNITY LIVING EXPERIENCES, INC
TIME OFF REQUEST

Employee Name: _____

Department: _____

HOURS OF THE SHIFT: _____

Reason for Absence:

- _____ Vacation
- _____ Bereavement (Obituary, Program of Services, or Other Proof Attached)
- _____ Medical/Sick Leave
- _____ Administrative Leave
- _____ Other/Time off Without Pay (Reason) _____

First Day Absent _____ Date returning to Work: _____

CHECKDATE _____

Total number of **HOURS** requested off: _____

FOR CLE MAIN OFFICE USE ONLY

Sick Time Used: _____	Sick Time Remaining: _____	<u>No Time Available</u>
Vacation Time Used: _____	Vacation Time Remaining: _____	<u>Time Requested Exceeds Time Available</u>
Payroll Specialist (signature): _____		Date: _____

Supervisor's Approval: _____	Date: _____
Administrator's Approval: _____	Date: _____

*****Failure to request time off in advance (according to policy),
 May cause a failure in receiving pay for time off*****