



TIME OFF REQUEST

Employee Name: _____

Date of Request _____ Department _____ Returned to Employee on _____

Reason for absence:

Vacation _____ Sick Time _____ Administrative Leave _____ Bereavement _____

Leave of Absence Other (explain) _____

Date of Absence	Client Name/ Location	Schedule Shift	Name of Supervisor(s)

Total number of hours requested off: _____ **Date Returning to Work:** _____

*** FOR CLE MAIN OFFICE USE ONLY***

Sick Time Used:	Sick Time Remaining:	No Time Available:
Vacation Time Used:	Vacation Time Remaining:	Vacation Payout:
Payroll Specialist:		Date:

Time off Approved	Time off Denied
Supervisor: _____ Date: _____	Supervisor: _____ Date: _____

****** Failure to request time in advance (according to policy), may cause a failure in receiving pay for time. Submitting a request does not guarantee the time off will be approve. Time off must be approved by all supervisors******