



DISTRICT 1199C TRAINING & UPGRADING FUND
REQUEST FOR TIME OFF

Name _____

Department _____ Supervisor _____

<u>Reason</u>	<u>Date(s)</u>	<u>Number of Days</u>	<u>Number of Hours</u>
Vacation (V)	_____	_____	_____
Sick/Medical (S)	_____	_____	_____
Early Dismissal (E)	_____	_____	_____
Personal Time (P)	_____	_____	_____
Comp Time (C)	_____	_____	_____
Jury Duty (J)	_____	_____	_____
Bereavement (B)	_____	_____	_____
Other (explain)	_____	_____	_____
Other (explain)	_____	_____	_____

Employee Signature: _____ Date: _____

Verification by Accounting Department Staff:

Days Available: V___ S___ E___ P___ C___ J___ B___ O___

Authorized Signature: _____ Date: _____

Supervisor/Manager to Complete:

Approved: _____ Denied: _____

Paid: _____ Unpaid: _____

Authorized Signature: _____ Title: _____ Date: _____

Comments _____

