

Time Off Request Form

(For Employees Not Submitting Requests in VIP)

Employee Number: _____

Employee Name: _____

Position Title: _____

Department: _____

Time Off Request

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Date: (i.e. 01-Dec-19):							
Total # of Hours Off:							
Start Time: 00:00 AM/PM:							
Request Code:							
Request Codes:	1400 = Vacation time 1250 = Floating time paid 1010 = Time off paid from lieu bank 2512 = Union duty paid 2635 = Union duty unpaid 1235 = Time off paid from stat bank			1480 = Compassionate time 2500 = Bereavement time 2000 = Sick leave 2200 = Work accident 2505 = Jury duty			

Employee Notes:

Employee Signature: _____

Date: _____

Supervisor Name: _____

Supervisor Signature: _____

Office Use Only: Entered in VIP by _____ Date: _____

***** Forms should be received in Payroll by noon every Monday. Failure to do so could result in delay of payment.*****