



## ACADEMIC STAFF REQUEST FOR TIME OFF

Name \_\_\_\_\_ Date \_\_\_\_\_

Check appropriate box:

**Vacation** (*must be scheduled in advance*)

**Compensation time** (*must be scheduled in advance*)

**Personal Day(s)** (*must give sufficient advance notice*) – Eligible after sixth month of employment and allowed 2 days per fiscal year for employees with < 10 years employment and 3 days > 10 years employment.

Date(s) request off: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If requesting a partial day off, please enter your arrival and departure time for that day:

\_\_\_\_\_

Your request for time is:

Approved

Not approved

Reason for denial:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Chair/Director signature** \_\_\_\_\_

**Date** \_\_\_\_\_

*Please respond to employee via email in a timely manner and attach this PDF.*