**REQUEST FOR TIME OFF**

|  |  |
| --- | --- |
| **NAME:** |  |
| **TODAY’S DATE:** |  |
| **DATE(S) REQUESTED:** |  |
| **TYPICAL HRS WORKED:** |  |

**Please check off whether you are requesting a Wellness Day or Vacation Time below:**

|  |  |
| --- | --- |
| **Wellness Day** | **Vacation Time** |
| [ ]  Do I have wellness time left?[ ]  I have not used a wellness day yet this quarter | [ ]  I have checked with payroll that I have adequate vacation time? ***Human Resources Initial***[ ]  I have discussed with my Supervisor |

**For CDS: Regardless of whether you are requesting a wellness day or vacation time, the following must be completed before submitting your request (please list PBS / families affected by this time off):**

**I HAVE DISCUSSED THIS WITH:**

|  |  |  |
| --- | --- | --- |
|  | **FAMILY NAME (CHILD)** | **PBS** |
|[ ]   |  |
|[ ]   |  |
|[ ]   |  |
|[ ]   |  |

|  |  |
| --- | --- |
| **SIGNATURE:** |  |
|  |  |
| **APPROVED BY:** |  |