TIME OFF REQUEST FORM

HERRIN COMMUNITY UNIT SCHOOL DISTRICT #4

Note: Your request for time off must be submitted and approved in advance.

Employee Name: _____ **Today's Date:** _____

Starting On: _____ **Ending On:** _____

# of Days Requested: _____ **Will Return to Work On:** _____

Type of Request:

- ☐ Vacation
- ☐ Personal
- ☐ Sick
- ☐ Other: _____

Comments:

_____

_____

_____

_____

_____ _____

Employee Signature **Date**

- ☐ Request Approved
- ☐ Request Denied

_____ _____

Supervisor Signature **Date**

_____ _____

Superintendent Signature **Date**