DUTCHESS
COMMUNITY COLLEGE

ADMINISTRATIVE STAFF REQUEST FOR TIME OFF

FROM: _______________________________      DATE: __________________

I am requesting _____ day(s) of:

_____ Vacation

_____ Sick

_____ Personal

_____ Other (Specify) __________________

to be taken on the following dates:

___________________________

___________________________

___________________________

___________________________

___________________________

Supervisor’s Signature: __________________      Date: ________________

DIRECTIONS: Submit this request at least two days in advance of absence, whenever possible. Upon approval, keep the original and forward a copy to Human Resources.

HRFORMADMOFF2013