

D U T C H E S S
COMMUNITY COLLEGE

ADMINISTRATIVE STAFF REQUEST FOR TIME OFF

FROM: _____

DATE: _____

I am requesting _____ day (s) of:

to be taken on the following dates:

_____ Vacation

_____ Sick

_____ Personal

_____ Other (Specify) _____

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.