

D U T C H E S S
COMMUNITY COLLEGE

CSEA STAFF REQUEST FOR TIME OFF

FROM: _____

DATE: _____

I am requesting the following benefit time:

to be taken on the following dates:

Vacation _____ Hours / Days

Sick _____ Hours / Days

Personal _____ Hours / Days

Compensatory _____ Hours / Days

Holiday _____ Hours / Days

Other (Specify): _____

Supervisor's Signature: _____

Date: _____

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