



Charles R. Drew University
of Medicine and Science

A Private University with a Public Mission

TIME OFF REQUEST FORM

EMPLOYEE: This form should be completed and returned to your immediate supervisor at least thirty (30) days before the requested time off.

DO NOT USE THIS FORM IF YOU ARE REQUESTING TIME OFF FOR FMLA/CFRA, PREGNANCY LEAVE, DISABILITY LEAVE, OR PAID FAMILY LEAVE. PLEASE CONTACT HR FOR FURTHER INSTRUCTION.

EMPLOYEE NAME: _____ EMPLOYEE ID #: _____

DEPARTMENT: _____ SUPERVISOR: _____

REQUEST FOR: PTO VACATION COMMUNITY SERVICE JURY DUTY BEREAVEMENT OTHER

Comments:

START DATE	RETURN DATE	NUMBER OF HOURS

ACCRUED BALANCE AS OF: _____ VACATION: _____ SICK: _____ PTO: _____

COMMENTS:

EMPLOYEE SIGNATURE: _____ DATE: _____

REQUEST APPROVED: YES NO

AUTHORIZED SIGNATURE: _____ DATE: _____