

# Custodial Department Time Off Request Form

Name: \_\_\_\_\_ S#: \_\_\_\_\_

Type of leave requested

Vacation     Jury     Funeral     STML     Other \_\_\_\_\_

Date & hours requested

Date/Hours		Date/Hours		Date/Hours		Date/Hours		Date/Hours	

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_