



California Association for Bilingual Education
 16033 E. San Bernardino Road
 Covina, CA 91722
 626-814-4441 Fax 626-814-4640

Request for Time Off

Information for Time Off Request

Employee Name: _____ Date: _____

Date(s) Requested: From: _____ To: _____

Date(s) Requested: From: _____ To: _____

Number of Hours: _____

Type of Absence Requested (check one or more):

- | | | | |
|--------------------------------------|--|------------------------------------|---|
| <input type="checkbox"/> Sick | <input type="checkbox"/> Vacation | <input type="checkbox"/> Personal | <input type="checkbox"/> Time Off Without Pay |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Flex Day** (specify days below) | <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Other _____ |

Date(s) accrued: _____ # hours accrued: _____

Reason accrued: _____

Date(s) accrued: _____ # hours accrued: _____

Reason accrued: _____

NOTE: All requested days off must be approved by your supervisor first, then by the Chief Executive Officer in advance. This "Request for Time Off" form must be submitted at least two (2) weeks in advance. **You must submit a "Flextime Accrued" form in advance in order for you to request usage of flextime.

Supervisor and CEO Approval

Supervisor's Signature	Date
CEO's Signature	Date

<i>For Office Use Only</i>		
Entered by:	Date:	Notes: