



Request For Vacation / Personal / Sick Dependent Hours

A. General Information

Employee Name:	Program/Department:	Employee ID#:	Date:
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B. Request for Vacation / Personal / Sick Dependent Hours

☐ Dates Requested Begin Date _____ End Date _____

☐ Vacation Hours Available _____ To Be Used _____

☐ Personal Hours Available _____ To Be Used _____

☐ Sick Dependent Hours* Available _____ To Be Used _____

* May only use for ill child, spouse, registered domestic partner or parent with medical certification

Employee Signature

Date

C. Supervisor Vacation / Personal Hours Use Approval

☐ APPROVED

☐ DENIED

Comments:

Supervisor Signature

Date

☐ Copy to Employee Date _____

D. For Sick Dependent Hours Only, Forward to HR

☐ Copy to Human Resources Date _____