St. Francis de Sales Central Catholic School Time-Off Request Form

Employee Name: _____

Date of Request: _____

Date(s) of Requested Days Off: _____

Type of Request: _____ Personal
_____ Sick
_____ Bereavement

Total # of Requested Days Off _____

Approved: _____ By: _____

Not Approved: _____ By: _____

Reason not approved: _____

Please note if you have arranged for a substitute and , if so, name of substitute:

_____

(Please submit request at least one week prior to requested time off to allow for substitute, if needed.)

Time-off Hours Conversion:

0-2 hours	1/4 day
2-4 hours	1/2 day
4-6 hours	3/4 day
>6 hours	1 day