

Request for Time Off

Cook Counseling Center

_____ From: _____ To: _____
 (DATE) (employee) (supervisor)

_____ Classified Staff _____ Faculty

I would like to request:

_____ Annual Leave _____ Sick Leave/Family Sick Leave
 _____ Compensatory Leave- _____ Professional Leave (i.e. conference)
 (time worked on designated holidays) _____ Leave Without Pay
 _____ Other: _____

Begin Date: _____ Ending Date: _____
 OR Day of: _____ Time: _____

	Yes	No	NA
Arrangements are made with another counselor for coverage of triage times.			
Intake times are rescheduled for the same week or immediately before and/or after leave time.			
Arrangements are made with another counselor for coverage of emergency day-time hours.			
Arrangements are made with another counselor for after-hours coverage if it is necessary to switch an on-call rotation.			

Approved by Supervisor/Disapproved by Supervisor (circle one and initial)

Note:

(If approved, supervisor reserves the right to withdraw this approval in order to meet legitimate business needs.)