



Time Off Request Policy

Purpose

All leave must be documented by using the Civitan Leave Request form. Before requesting paid or unpaid leave, employees must confirm that the leave to be requested is available by checking the leave balances on their most current pay stub or checking with Payroll or Human Resources.

To assist with scheduling and operational requirements, all foreseeable leave must be requested at least two weeks prior to the requested leave date. If the leave is unforeseeable, the leave form should be completed and submitted to the supervisor as soon as the employee returns.

Procedure

- The employee must complete the Leave Request form indicating the type of leave to be taken the dates of the leave and the total hours to be taken from the designated leave category.
- The completed form is submitted to the immediate supervisor for approval.
- The supervisor independently verifies whether the employee has the leave available before approving a request for paid leave.
- Once confirmed, the supervisor returns a copy of the approved Leave Request form to the employee.
 - The supervisor keeps one copy for his or her records
 - The supervisor submits a copy to human resources
 - Human Resources will record the time taken and deduct it from the balance available.
 - It will then be forwarded to the payroll department to be paid out.
- If the leave is not approved, the supervisor returns a copy of the form to the employee stating the reason the leave was not approved.



Leave Request

Leave Information

Employee Name: _____

Supervisor: _____

Type of Leave Requested:

- | | | | |
|--|------------------------------------|--|--|
| <input type="checkbox"/> Sick | <input type="checkbox"/> Military | <input type="checkbox"/> Bereavement | <input type="checkbox"/> Leave Without Pay |
| <input type="checkbox"/> Vacation/Personal | <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Maternity/Paternity | <input type="checkbox"/> Other |

Dates of Absence: From: _____ To: _____ Actual # of Days: _____

(Please submit one Leave-Request Form per time period.)

Reason for Absence:

You must submit requests for absences, other than sick leave, two weeks prior to the first day you will be absent.

Employee's Signature

Date

Supervisor's Approval

Approved

Rejected

Comments: _____

Supervisor's Signature

Date

Human Resources Signature

Date

Payroll Manager Signature

Date