



Employee Time Off Request Form

This form applies to a wide range of reasons for an employee's absence from their regular duties. For more information about absence from work, please see Section 14 – Bereavement Leave Policy, Section 15 – Education Leave Policy, and Section 19 – Protected Leaves Policy.

Date:	Request #:
Employee Name:	Position:
Dates Requested:	
Reason for Absence:	
Signature:	
FOR OFFICE USE ONLY	
Recommended:	
With Pay: _____	Without Pay: _____
Please include all necessary authorization signature(s) that applies:	
Chief: _____	Deputy Chief: _____
Councilor: _____	Councilor: _____
Supervisor: _____	Band Manager: _____