

REQUEST FOR TIME OFF BANK WITHDRAWAL

NAME: _____

EMPLOYEE #: _____

Hours/Date(s) requested off: _____

of hours to be withdrawn: _____

of hours to be paid in lieu of taking time off

Not to exceed 40 hours per calendar year): _____

I request my withdrawal in advance of taking time off: ____yes ____no

NOTE: All hours/days requested off should fall into the same pay period.

Please submit additional withdrawal forms for hours/days that fall in different pay periods.

ADMINISTRATOR APPROVAL REQUIRED FOR HOURS PAID IN LIEU OF TAKING TIME OFF.

EMPLOYEE SIGNATURE

DATE

ADMINISTRATOR/DEPARTMENT DIRECTORS USE ONLY

APPROVED NOT APPROVED

ADMINISTRATOR/DEPARTMENT DIRECTORS SIGNATURE

DATE

HUMAN RESOURCES DEPARTMENT USE ONLY

Time off Bank hour's available _____ through PPE _____

Time off Bank hours requested _____

Time off Bank hours to be withdrawn _____

Time off Bank hours remaining _____

Withdrawal will appear on the check for the pay period ending: _____

Employees Department Director notified that no TOB hours available: yes no Date: _____

HUMAN RESOURCES SIGNATURE

DATE