

HUMBOLDT COMMUNITY ACCESS AND RESOURCE CENTER  
**REQUEST FOR TIME OFF**

Employee Name \_\_\_\_\_ Program \_\_\_\_\_

Date(s) Requested (from/to) \_\_\_\_\_

**NUMBER OF HOURS REQUESTED:** \_\_\_\_\_ hours SICK LEAVE \_\_\_\_\_ hours VACATION

**NOTE: All paid leave dependent upon amount of time accrued.** \_\_\_\_\_ Other Leave (Indicate type and if PAID or UNPAID):  
\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

---

---

____ Approved	____ Not Approved (see below)	Supervisor _____
____ Approved	____ Not Approved (see below)	Payroll _____

Reason for denial: \_\_\_\_\_

---

---

Total Hours:	Type _____	Paid _____	Unpaid _____
	Type _____	Paid _____	Unpaid _____