

**CALEXICO UNIFIED SCHOOL DISTRICT
REQUEST FOR TIME-OFF**

EMPLOYEE:

DEPT./SCHOOL:

POSITION:

EMPLOYEE COMPLETE:

Time-off Dates	Number Days / Hours	Purpose of Leave

Charge time-off to: (Check one)

- | | |
|---|---|
| <input type="checkbox"/> Without pay
Bereavement leave
<input type="checkbox"/> Personal Necessity
(Charged to Sick Leave) | <input type="checkbox"/> Sick Leave
<input type="checkbox"/> Compensatory time
(Classified Personnel only)
<input type="checkbox"/> Vacation |
|---|---|

DATE: _____ SIGNATURE: _____

SITE ADMINISTRATOR/SUPERVISOR

Recommended Time-Off Request be:	APPROVED _____ DISAPPROVED _____
DATE: _____	SIGNATURE: _____
	TITLE: _____

SUPERINTENDENT'S OFFICE COMPLETE:

Time-Off APPROVED _____ DISAPPROVED _____ as requested or as follows:

DATE: _____ SIGNATURE: _____