

PAID LEAVE REQUEST

TIU-4

Vacation, Personal, Sick (including Family Illness), Paid Time Off

E-mail this form to your supervisor

THIS FORM IS ONLY TO BE USED FOR DAYS THAT CANNOT BE REQUESTED VIA THE EMPLOYEE PORTAL

Name:	Today's Date:

Requested Leave Days or Half Days

Type of Leave (VAC, PER, SI, PTO)	Date of Absence	Full or Half Day	AM or PM if Half

Please refer to TIU Policy and Administrative Regulations for details related to paid leave.

Supervisor, if approved, forward Approved, Signed form to sturner@tiu11.org.

 Signature: Supervisor

 Date

- Approved
- Disapproved

 Signature: Executive Director

 Date

Recorded in personnel leave file by: _____
Name Date

Revised 09/01/2019