



CLASSIFIED EMPLOYEE REVIEW PERIOD

PAID TIME OFF REQUEST

For use by employees hired within the last six months to request use of earned leave.

Employee Name: _____

Employee ID: _____

Position: _____ Date of Hire: _____

Work Location: _____

Type of Leave Requested:

Sick ☐ # of hours _____ Vacation ☐ # of hours _____ Personal ☐ # of hours _____

Date(s): _____
(mm/dd/yyyy format)

***You will only be notified if your request for earned leave is denied. To determine amount of earned leave please review policies for Sick Leave [HUM-A029](#), Personal Leave [HUM-A037](#) and Vacation Leave [HUM-A032](#).**

Employee's Printed Name

Employee's Signature

Date

Principal/Department Head Printed Name

Principal/Department Head Signature

Date

Supervisor should forward form to Human Resources, Attention: Chief Human Resources Officer

CHRO or Designee Signature

Date

Forwarded to Payroll Date _____

Processed and verified by Payroll Date _____