



Penn Dining Request for Time Off

Use this form to request any paid time off from your job.

1. The staff member:

- Completes the top section of this form
- Submits it to his/her supervisor in accordance with Collective Bargaining Agreement.

2. The supervisor:

- Verifies that the staff member is eligible for paid time off
- Completes the bottom section of this form
- Returns a copy to the employee

Name _____

Location _____

REASON	DATE(S)	# OF DAYS	# OF HOURS
<input type="checkbox"/> Vacation Time	_____	_____	_____
<input type="checkbox"/> Sick Day	_____	_____	_____
<input type="checkbox"/> Family Sick Day	_____	_____	_____
<input type="checkbox"/> Personal Day/Floating Holiday	_____	_____	_____
<input type="checkbox"/> Annual Military Duty	_____	_____	_____
<input type="checkbox"/> Jury Duty	_____	_____	_____
<input type="checkbox"/> Death in Family (specify relationship below)	_____	_____	_____
<input type="checkbox"/> Other (explain below)	_____	_____	_____
TOTAL TIME OFF:		_____	_____

FURTHER EXPLANATION (when required)

Employee signature

Date

SUPERVISOR'S RECOMMENDATION:

- Approved
- Approved with following modification:
- Unapproved for following reason:

COMMENTS:

Supervisor's signature

Date