

**D U T C H E S S**  
**COMMUNITY COLLEGE**

**ADMINISTRATIVE STAFF REQUEST FOR TIME OFF**

FROM: \_\_\_\_\_ DATE: \_\_\_\_\_

I am requesting \_\_\_\_\_ day (s) / hours of benefit time\* to be taken on the following dates:

\_\_\_\_\_ Vacation \_\_\_\_\_

\_\_\_\_\_ Sick \_\_\_\_\_

\_\_\_\_\_ Personal \_\_\_\_\_

\_\_\_\_\_ Compensatory Time \_\_\_\_\_

\_\_\_\_\_ Other (Specify) \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*DIRECTIONS: Submit this request to your supervisor at least two days in advance of absence, whenever possible. Upon approval, keep the original and forward a copy to Human Resources.*

*Benefit time is intended to be used as an alternative to work time and not as an addition to one's regularly scheduled daily hours. Compensatory time used is limited to the available amount earned up to a total of 35 hours per fiscal year. Any compensatory time not used within 45 days of the end of the fiscal year (by October 15) will be forfeited.*