

REQUEST FOR TIME OFF			Employee Name: (PRINT) _____	Line #:
Period	Time	AM/PM	Hours to be charged to:	
From: _____	_____	AM/PM _____	Vacation: _____ Personal Leave: _____ Sick Leave: _____	
To: _____	_____	AM/PM _____	Holiday: _____ Leave W/ ½ pay*: _____	
Total # of Hours: _____			Other Leave (explain below): _____	
Comments: (If applicable - Comments are required when "Other Leave" has been charged)				
_____ Employee Signature:			_____ Title:	
_____ Date				
Date received by Employee Supervisor:			For use by Department/Unit Supervisor:	
<p>As per the Agreement Between CSEA and the State of New York, Article 10.6 (e), all CSEA employees are required to have their request for time off answered within five (5) working days of receipt by the supervisor regardless if it has been approved or denied.</p>			<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Date: _____	
Reason for disapproving request for time-off:				
_____ Supervisor Signature:			_____ Department Head Signature	
_____ Date			_____ Date	
<p>*Employees requesting a Leave w/½ pay must first contact Human Resources (Kristi Gullen, Ext. 6093, Ricardo Espinales, Ext. 6086, Amanda Zallo, Ext. 6449) <i>BEFORE</i> submitting the Request for Time Off form to your supervisor.</p>				
Revised 6-21-2023				