



Kids Unlimited of Oregon Request For Time Off

Employee Name: _____

Site/Department: _____

Supervisor: _____

NOTE: Your supervisor must approve all requests for time off in advance (10 days prior) unless the nature of the absence prevents this. Plan ahead: Short notice requests may not be approved. Refer to the PTO or other leave policies for more information.

Absence Reason: **DO NOT LEAVE BLANK, INCOMPLETE FORMS WILL BE RETURNED.**

** You are not required to explain the nature of an illness or details related to domestic violence, harassment, or stalking. ** Additional documentation and/or explanation may be required for some absences.*

Date(s) of Time off Requested:

Start Date: _____ End Date: _____

Return to work on: _____ Total hours requested: _____

If working a modified day, what time will you be away?: From _____ to _____

Type of Absence Requested:

Substitute Needed: Yes No

PTO: Hours Requested _____

Oregon Paid Leave (*Documents Submitted*)

Sick Leave: Hours Requested _____

Leave of Absence (*Documents Submitted*)

Time Off Without Pay: (12 month & part time employees only) _____

Other _____

This form must be fully completed for review. Incomplete forms will be returned.

I have verified on iSolved that I have the requested hours available

Employee Signature: _____ Date: _____

Approved

Rejected

Comments: _____

Authorizing Signature _____ Date: _____