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 request may not be approved. For Teachers only, PTO must be taken in four (4) hour or eight (8) hour increments if a sub is required. For all other staff, PTO must be taken in one (1) hour increments. Discuss any questions with your supervisor. 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:

- ☐ PTO: Hours Requested_____
- ☐ Sick Leave: Hours Requested_____
- ☐ Time Off Without Pay: (12 month & part time employees only) _____
- ☐ Other _____

Substitute Needed: ◯ Yes ◯ No

- ☐ Oregon Paid Leave *(Documents Submitted)*
- ☐ Leave of Absence *(Documents Submitted)*

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:_____