

REQUEST FOR TIME OFF BANK WITHDRAWAL

NAME: _____

EMPLOYEE #: _____

Hours/Date(s) requested off: _____

of hours to be withdrawn: _____

#of hours to be paid in lieu of taking time off
(not to exceed 40 hours per calendar year): _____

I request my withdrawal in advance of taking time off. Yes No

**NOTE: All hours/days requested off should fall into the same pay period.
Please submit additional withdrawal forms for hours/days that fall in different pay periods.
ADMINISTRATOR APPROVAL REQUIRED FOR HOURS PAID IN LIEU OF TAKING TIME OFF.**

EMPLOYEE SIGNATURE _____

DATE _____

ADMINISTRATOR/DEPARTMENT DIRECTOR'S USE ONLY

APPROVED NOT APPROVED

ADMINISTRATOR/DEPARTMENT DIRECTOR'S SIGNATURE _____

DATE _____

HUMAN RESOURCES DEPARTMENT USE ONLY

Time Off Bank hours available _____ through pay period ending _____

Time Off Bank hours requested _____

Time Off Bank hours to be withdrawn _____

Time Off Bank hours remaining _____

Withdrawal will appear on the check
for the pay period ending: _____

Employee's Department Director
notified that no Time Off Bank hours available: YES NO Date: _____

HUMAN RESOURCES SIGNATURE _____

DATE _____

White Copy - Employee

Pink Copy - Director

Yellow Copy - Employee File