

Request for Paid Accrued Personal Time

Employee Complete This Section:

Name: _____

Date: _____

Hours Requested: _____

Hours Accrued*: _____

*(balance remaining after requested hours cannot be less than 60 hrs/salary personnel must take full 8 hr increments)

Employee Signature: _____

Supervisor Approval: _____

Verified by Accounting: _____

Executive Director Approval: _____

Note: Deadline to request leave from supervisor is 2 weeks prior to payday

For accounting use only:

Personal Time Paid on _____(date)