

**Request for Paid Accrued Personal Time**

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**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: \_\_\_\_\_

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Supervisor Approval: \_\_\_\_\_

Verified by Accounting: \_\_\_\_\_

Executive Director Approval: \_\_\_\_\_

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

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**For accounting use only:**

Personal Time Paid on \_\_\_\_\_(date)