Administrator Time-Off Request

Interactive Form to be completed on-line, printed and signed.

Completed and Signed Forms are to be forwarded to the Payroll Coordinator at the appropriate Vice Chancellor's or Chancellor's Office for Approval and Recording.

DO NOT FORWARD to CCSF Payroll Services

Administrator's Name _____ Banner ID# _____ Today's Date _____

☐ **Sick Days**

Due to: Illness Work Related Injury Personal Emergency(*) Immediate Family Death(*)

_____ to _____ _____

Begin Date End Date Total Sick Leave Used (in full and/or ½ days)

(*) Explain: _____

_____

_____

In order to be paid, absences of greater than 5 work days must be accompanied by a doctor's certificate. Sick leave may be used for death of a family member beyond the 3 day (5 days if significant travel is necessary) Bereavement Pay allowed.

☐ **Vacation Days** ☐ **Requested** ☐ **Cancelled**

_____ to _____ _____

Begin Date End Date Total Vacation Leave to be used (in full and/or ½ days)

_____ to _____ _____

Begin Date End Date Total Vacation Leave to be used (in full and/or ½ days)

_____ to _____ _____

Begin Date End Date Total Vacation Leave to be used (in full and/or ½ days)

☐ **Bereavement** ☐ **Jury Duty** ☐ **Leave Without Pay**

_____ to _____ _____

Begin Date End Date Total Leave to be used (in full and/or ½ days)

Explain: _____

_____

Leave Without Pay may cause a disruption in benefits. Please contact the CCSF HR Benefits Dept. for review of your circumstance. Bereavement or Jury Duty will **not** be charged to an administrator's accrued leave.

_____

Administrator's Signature

Supervisor (Print Name) _____ Supervisor Signature _____ Date Approved _____