



Classified "Time-Off" Request
 Payroll Services . 33 Gough Street . San Francisco, CA . 94103 . 415/241-2273

Name: _____ Employee No. _____

Classification No. & Title: _____

Department: _____ Phone: _____

- Process:**
- 1. Check the appropriate request(s) below;**
 - 2. Give to Supervisor/Manager for signature authorization;**
 - 3. Submit to Payroll for processing.**

REQUEST IS FOR:

- 1. Vacation:** (Must be employed continuous for 1-year.) May be taken in ½ hour increments.
- 2. Floating Holiday:** (Must be employed continuous for 6 months.) May be taken in ½ hour increments. Must use by end of each fiscal year (June 30th).
- 3. Comp.:** May be taken in ½ hour increments.
- 4. BPTO:** May be taken in ½ hour increments.
- 5. RWW:** May be taken in ½ hour increments.

Request is for: (Use the corresponding #’s from above)	DATE(s)		Hour(s)	Please check the appropriate boxes below Permission to:	
	From	Through		USE	CANCEL

(Request is subject to the approval of the appropriate Administrator or his/her designee. The number of vacation, holidays, and advance notice requirements are subject to Collective Bargaining Agreement Provisions or other applicable regulations. Please keep a copy for your records.)

EMPLOYEE’S SIGNATURE

DATE

Department Head/Administrator

DATE

DBO – Classified Payroll

DATE