



City College of San Francisco
Classified "Time-Off" Request

Payroll: District Business Office, 33 Gough Street, San Francisco, CA 94103, 415-241-2273/2274

Name: _____ Employee ID: _____

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

UNPAID LEAVE

PAID LEAVE OPTIONS:

1. **PST:** May be taken in ¼ hour increments.
2. **RWW:** May be taken in ¼ hour increments.
3. **FLOATING HOLIDAY:** Must be employed continuously for 6 months. May be taken in ¼ hour increments.
4. **VACATION:** Must be employed continuously for 1 year. May be taken in ¼ hour increments.
5. **COMP:** May be taken in ¼ hour increments.
6. **BPTO:** May be taken in ¼ hour increments.

Request is for: (List your leave option #)	DATE(s)		HOURS	Check your choice below Permission to:	
	From	Through		USE	CANCEL

Request is subject to the approval of the appropriate Supervisor/Manager or his/her designee. The number of vacation, holidays, and advance notice requirements are subject to Collective Bargaining Agreement Provisions or other applicable regulations. If the balance of your requested leave option choice does not cover the time-off period, **Payroll will automatically charge the time-off balance against your other leave balances in the order listed above.**

Employee's Signature

Date

Department Head/Administrator

Date