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.

<table>
<thead>
<tr>
<th>Request is for:</th>
<th>DATE(s)</th>
<th>HOURS</th>
<th>Check your choice below Permission to:</th>
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<tbody>
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<td>(List your leave option #)</td>
<td>From</td>
<td>Through</td>
<td>USE</td>
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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

Date Updated: 04/12/2017