



City College of San Francisco

CLASSIFIED ‘Time-Off’ REQUEST FORM

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

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 <i>Permission to:</i>	
	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