

**Denton County Clerk's Office
Time Off Request Form**

The Original of this form must be turned into your Department Supervisor for approval.

SICK TIME

(Minimum .25 hour)

I, _____, request to take *accrued sick time* on (Date): _____ in the amount of _____ hours.

VACATION TIME

(Minimum .25 hours)

I, _____, request to take *accrued vacation time* on (Date): _____ in the amount of _____ hours.

PERSONAL TIME

(Minimum .25 hour)

I, _____, request to take *personal time* on (Date): _____ in the amount of _____ hours.

BIRTHDAY HOUR

I, _____, request to take my birthday hour on (Date): _____ in the amount of _____ hours.

COMPENSATORY TIME

I, _____, request to take *accrued comp. time* on (Date): _____ in the amount of _____ hours.

DEATH IN IMMEDIATE FAMILY LEAVE

(Maximum of 3 consecutive days)

I, _____, request to take *immediate family funeral leave* on (Date): _____ in the amount of _____ hours.

FUNERAL LEAVE

(Maximum of four hours)

I, _____, request to take *funeral leave* on (Date): _____ in the amount of _____ hours.

JURY DUTY LEAVE

I, _____, have been summoned for jury duty on (Date): _____ at (Time) _____. **Supervisor:** He/She returned to work on (Date): _____ at (Time) _____.

Comments: _____

Employee's Signature: _____ Today's Date: _____

Requests must be made 5 working days in advance of the date and time requested. The employee either has or will have the time requested available to use. Approval is subject to the time available on the dates requested. If time is not available either the employee's request will be denied or the employee will be given an "A" for time taken and pay will be docked accordingly.

APPROVED BY: _____ **DATE:** _____