



## Employee Request for Time Off

Please complete this form to request non-emergency time-off.

Once the form is complete, email it to your immediate supervisor and Becky Link. Becky will begin the process of searching for a substitute. If the immediate supervisor decides they cannot grant time off approval, please let Becky know.

**\*\*If you are out of personal time, you must speak to your immediate supervisor prior to requesting time off.**

**\*\*Completing this form does not guarantee that your request for time-off has been approved. Be sure to check if you have not gotten a response to your request.**

**\*\*If there is less than 48 hours until the substitute is needed, complete the form and call/text Becky Link at 336-971-4217.**

**Name & Title**

**Reason For Time Off**

**Requested Date(s)**

**Are the days off before or after a school break or holiday?**

**Yes**

**No**

Start Time

End Time

**Are you taking a full day or part of a day?**

**Full Day**

**Part Day**

**List your before/after school job duties:**

**Where is your assigned parking location? (Click arrow on right to select)**

**What is your assigned parking number?**

**Do you have any special instructions for the substitute?**

**Additional Comments:**

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### Administrative USE ONLY

Supervisor

Approve

Disapprove

Date & Initials

**Supervisor select approve or disapprove, enter the date, type initials, and then email form to Substitute Coordinator**

Substitute Coordinator

Substitute Name