

D O A N E  C O L L E G E

Employee Time Off Request Form

Name: _____
(Please Print)

Date: _____

Code Key:

Vacation = V
Paid Sick Leave = S
Bereavement = F

Jury Duty = JD
Unpaid Leave = U
Floating Holiday = FH

HR/Payroll Use Only:

Date Received: _____

Datatel Entry: _____

Hrs. Balance: _____

Initials: _____

Date(s) Absent from Work:

Code	Beginning Date	Time	Circle One	Ending Date	Time	Circle One	Total Hours Used
			AM/PM			AM/PM	
			AM/PM			AM/PM	
			AM/PM			AM/PM	
			AM/PM			AM/PM	
			AM/PM			AM/PM	
			AM/PM			AM/PM	
			AM/PM			AM/PM	
			AM/PM			AM/PM	
			AM/PM			AM/PM	
			AM/PM			AM/PM	

Employee Signature: _____ Date: _____

Manager Approval: _____ Date: _____

***Please send completed forms to the Payroll Office**