

**Mayor**

Linda Blechinger

City Clerk

Joyce Brown

City Council

Peggy Langley

Robert Vogel

Taylor Sisk

Jamie Bradley

Time Off Request Form

Employee Information:

Name: _____ Department: _____

Position: _____ Email: _____

Request Details:Type of Time : ☐ Personal Day ☐ Vacation ☐ Sick Leave ☐ Comp Time

Date(s) Requested: Start Date: _____ End Date: _____

Number of Days: _____

Reason for Time Off Request (optional): _____

Supervisor Approval:

Supervisor Name: _____ Signature: _____

Date: _____ ☐ Approved ☐ Denied

Comments (if any): _____

Department Head Approval:

Department Head Name: _____ Signature: _____

Date: _____ ☐ Approved ☐ Denied

Comments (if any): _____

Employee Acknowledgment:

I understand that this request is not considered approved until both my direct supervisor and department head have approved it. I also understand that I am responsible for making arrangements for coverage of my tasks and responsibilities during my time off, if required.

Employee Signature: _____ Date: _____

Instructions:

1. Complete the Employee Information and Request Details sections of the form.
2. Submit the completed form to your direct supervisor for review and approval.
3. Your direct supervisor will review the form, provide their approval or denial, and forward the form to the department head.
4. The department head will review the form, provide their approval or denial, and return the form to your direct supervisor.
5. Your direct supervisor will inform you of the final decision and provide you with a copy of the completed form for your records