

BELL MEMORIAL PUBLIC LIBRARY

TIME OFF / MEETING ATTENDANCE REQUEST

NAME: _____

TODAY'S DATE: _____

Date/s you plan to be gone: _____

TOTAL NUMBER OF DAYS or HOURS REQUESTED: _____

LAST DAY TO WORK: _____ RETURN DAY TO WORK: _____

TYPE OF LEAVE:

VACATION	
PERSONAL HOLIDAY	
SICK/DR. APPT	
MEETING ATTENDANCE / PROGRAM (specify below)	
Other: enter reason below please	

Notes:

OTHER : _____

SUBSTITUTE STAFF MEMBER FOR YOUR POSITION: _____

APPROVED: _____

Date: _____

Take form to Director first, then to scheduling. Scheduling gives copy to Bookkeeper.