



University Health Care
Pharmacy Administration

Pharmacy Services—Paid Time Off Request

Employee Name _____

uNID _____

<p>Dates requested off</p> <p>From: _____</p> <p>To: _____</p> <p>Please include all days you need off including the weekends.</p> <p>Total number and type of paid hours requested:</p> <p>Total Vacation _____</p> <p>Total Personal Preference _____</p> <p>Total Sick _____</p> <p>Total Other _____</p>	<p>Type of leave requested:</p> <p><input type="checkbox"/> Vacation Time</p> <p><input type="checkbox"/> Personal Preference (must be used before Dec 31 each year)</p> <p><input type="checkbox"/> Sick</p> <p><input type="checkbox"/> FMLA (please submit FMLA Paperwork to supervisor)</p> <p><input type="checkbox"/> Other _____ (eg funeral, jury, military)</p>
<p>Optional: It is sometimes useful to provide your supervisor or manager with specifics about your request.</p> <p>_____ in area _____ out of town _____ out of country</p> <p>Other information:</p>	
<p>Employee Signature</p>	<p>Date of Request:</p>
<p>Approval Signature</p>	<p>Date of Approval</p>