



**REQUEST FOR TIME OFF**  
**SOUTHERN WESTCHESTER BOCES**  
 Department of Human Resources



**EMPLOYEE INFORMATION:**

Name:	Employee ID#:
Center/Location:	Date:

**POSITION INFORMATION:**

Job Title:
Bargaining Unit / Policy Group:

**LEAVE TYPE WITH EFFECTIVE DATES**

**FAMILY AND MEDICAL LEAVE (FMLA):**

Type of Leave	Dates Employee Will be Absent	If vacation days, personal days, sick days, or leave without pay will be used under the <i>Family and Medical Leave Act of 1993 (FMLA)</i> , please indicate the following: <i>I hereby invoke my entitlement to family and medical leave for:</i> <input type="checkbox"/> Birth/Adoption/Foster Care <input type="checkbox"/> Serious health condition of spouse/child/parent <input type="checkbox"/> Serious health condition of self ----- <input type="checkbox"/> Full-time Leave <input type="checkbox"/> Intermittent Leave (Part-time) -----
<input type="checkbox"/> Vacation Day(s)		
<input type="checkbox"/> Personal Day(s)		
<input type="checkbox"/> Sick Leave (For FMLA only)		
<input type="checkbox"/> Leave Without Pay		
<input type="checkbox"/> Bereavement Day(s)		

<b>REASON:</b>	Contact your Human Resources Department to obtain additional information about your entitlements and responsibilities under the FMLA.  <b>Certification of Healthcare Provider form required for a serious health condition.</b>
<b>DATE OF RETURN TO WORK:</b> <i>(requires signed certification of healthcare provider for health condition or birth)</i>	

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

This Time Off request should be for the purpose(s) indicated above. Employees must comply with the BOCES Southern Westchester procedures for requesting a leave/approved absence, and provide additional documentation, if required.  
 If you are an employee that is required to utilize an automated telephone or web-based call-in system to report an absence from work due to illness, please continue to do so.

Employee Signature:	Date Signed:
Supervisor Signature:	Date Signed:

**AUTHORIZATIONS:**

Official HR Action on Request: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
Comments:

Director of Human Resources	Date	Deputy/Assistant Superintendent	Date
Attendance Office Initials: _____	Date: _____	<i>(when required)</i>	

HR NOTE: FOR LEAVES OF ABSENCE REQUIRING BOARD APPROVAL - SPECIFY PERSONNEL AGENDA DATE AND ACTION:

**BOARD PERSONNEL AGENDA DATE:** \_\_\_\_\_    **BOARD ACTION:**     APPROVED     DISAPPROVED