

Time Away

Form

NAME: _____

DATE: _____

CHOICES (please circle which one)

- B Birthday
- C Conference & Training (Arts, Leadership, Excel, etc.)
- D Death in Family / Funeral
- I Illness - Self
- F Family Member Sick
- M Mission Trip
- O Floating Holiday
- J Jury Duty
- P Personal Time
- S Surgery / Hospital / Recovery at Home
- V Vacation

FYI ONLY

2007 Holiday Schedule

(GCC building will be closed)

Mon Jan 1	for New Years Day
Mon Apr 9	for Easter
Tue Apr 10	for Easter
Mon May 28	Memorial day
Wed Jul 4	Ind. Day
Mon Sep 3	Labor Day
Wed Nov 21	Thanksgiving
Thu Nov 22	Thanksgiving Day
Fri Nov 23	Thanksgiving
Tue Dec 25	Christmas holiday
Wed Dec 26	Christmas holiday
Thu Dec 27	Christmas holiday
Mon Dec 31	for New Years Eve

Time Away:

Indicate total number of work days. _____

Indicate the specific work days. _____

Indicate any regular days off that occur during this time frame. _____

Indicate your 'last day at work'. _____ Indicate your
'returning to work' day. _____

Indicate appropriate type of time away (see above 'choices'
box): _____

Comments: _____

Employee- Signature & Date _____

Supervisor Approved? _____ Paid or Not Paid? _____

Supervisor Signature & Date _____

Director Approved? _____ Paid or Not Paid? _____

Director Signature & Date _____

- Human Resources - Added to Staff Time Off Calendar on Public Drive
 - Human Resources - Recorded on Employee Attendance Log
- Original will be placed in Employee File