

**Diocese of Owensboro
Request for Time Off**

Employee Name _____

Days Requested _____

Please indicate \checkmark type of time off requested:

Personal Days Requested _____

Bereavement Days Requested _____

Other Leave Requested _____

Current Personal Day Balance _____

Current Sick Balance _____

Comments _____

Employee Signature

Date

Manager/Director Approval

Date

07/01/2013