**Time Off Request Form**

Staff members, please complete the top section of the form and submit to your supervisor for approval. Forms should be submitted at earliest possible date.

**Name**: Amanda Pateman\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dept**: East Asia\_\_(monitor)\_\_\_\_

**REASON DATE(S) # OF DAYS # OF HOURS**

[ ]  Vacation Aug 21- Sept 3 (inclusive)\_\_ \_10\_\_\_\_\_ \_\_\_\_\_\_\_\_

[ ]  Sick Leave\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

[ ]  Jury Duty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

[ ]  Bereavement Leave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

[ ]  Other\*\* *(explain below)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Comments/Further Explanation *(when required):*

As dictated by my Chinese visa, I must leave China prior to August 22. A 2 week vacation period was negotiated with Jen, by which time my visa situation will be clear.

\* *It is recognized that sickness is not planned and sick leave cannot be requested in advance. When unable to work due to illness, please notify your supervisor and submit the request form as soon as you return to work.*

*\*\* Other paid leave requires Sr. Mgmt approval.*

**Employee Signature**: \_\_\_\_Amanda BJ Pateman\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: 1 Aug 2008\_\_\_\_\_\_\_\_\_

Supervisors, please verify that the staff member is eligible for paid time off and submit the approved/denied form to HR. Please notify HR in case of an employee’s extended leave (more than 5 days) due to personal or family illness.

**Supervisor’s recommendation Comments:**

[ ]  Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Approved with following modification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Denied for following reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_