

COSHOCOTON COUNTY EMS REQUEST FOR TIME OFF

USED TO REQUEST HOURS TO BE PAID FOR ILLNESS, VACATION, COMP TIME, BEREAVEMENT, AND OTHER APPLICABLE PAID TIME OFF HOURS. ALSO TO BE USED FOR REQUESTING ANY UNPAID TIME OFF AND TO RECORD UNPAID ABSENCES.

MUST BE SUBMITTED WITHIN 48 HOURS AFTER RETURNING TO WORK

(To be completed by the employee)

Name _____

Reason for request:

Illness _____ Vacation _____ Bereavement _____ Comp Time _____ Other _____

If illness, please give brief description of illness: _____

Date(s) off duty: _____

How many hours are you requesting to be paid?

Sick & Bereavement*: _____ Vacation: _____ Comp Time: _____

*(Bereavement time is deducted from your Sick Time accrual)

Total hours requested for this pay _____

Employee Signature _____

Date Submitted _____

When complete, please place in secured run sheet drawer.

For administrative use only

Date received _____ Approved _____ Denied _____

Comments: _____

By _____

(Revised 6/15/2020)