

County Of Pettis
Request for Scheduled Time off

Employee Name _____ Date Request Made _____

Number of Days Requested _____ Dates Requested _____

Type of Leave

Sick Vacation Personal Day Comp Time Bereavement Jury Duty

Maternity/Paternity Military Other (description) _____

Employee Signature _____

Approved By _____ Date _____

****ALL SCHEDULED TIME OFF MUST HAVE PRIOR APPROVAL****