



REQUEST FOR TIME OFF

Complete Steps 1 thru 9 below and fax to 484-380-2087 or toll free at 866-204-8764

1) Name: _____

2) Dates requesting off: _____

3) Reason: _____

Please be advised that approval of this request is based on the flex time available as of the date the request is made. Should circumstances with your flex balance change and you have no available flex time to cover the time off requested, approval of this request may be rescinded. Please note that CCMS does not offer unpaid time off when accrued flex time has been exhausted and unexcused absences could result in disciplinary action.

5) Employee Signature

6) Date

By signing below, I confirm that the time off requested by this employee

- will negatively affect our daily operations.
- will not negatively affect our daily operations.

7) Supervisor's Signature

8) Print Name

9) Date

For office use only

_____ Approved; Flex is available

_____ Approved, with the following modification: _____

_____ Not approved; no Flex available

_____ Not approved; time off negatively affects mission

Employee notified: _____