Email
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Employee: _____ Empl ID: _____ Ext: _____

Department: _____ Supervisor: _____

Position: _____ Location: _____

TIME OFF CODE

A	*Illness*	E	*School Business*	P	*Personal Time- Chargeable to Sick Leave*
B	*Bereavement - list relationship*	H	*Holiday*	V	*Vacation*
C	*Court Appreaance*	I	*On-Job Injury - State Comp*	COM	*Compensatory Time*
D	*Serious Family Illness*	O	*Personal Reasons (Unpaid)*	1	*Administrative Overtime*

HUSD HOLIDAYS

17	*January - Martin Luther King, Jr Day Observed*	30	*May - Memorial Day Observed*	25	*November - Thanksgiving Day*
14	*February - Presidents' Day Observea*	20	June - Juneteeth Observed	26	*November - Day after Thanksgiving*
21	*February - Washington's Birthday Observed*	5	*July - Independence Day Observed*	23	*December - Christmas Holiday Observed*
31	*March - Cesar Chavez Birthday Observed*	6	*September - Labor Day*	24	*December - Christmas Holiday*
15	*April - Spring Break Day*	11	*November - Veteran's Day Observed*	30	*December - New Year's Holiday Observed*
				31	*December - New Year's Eve Holiday*

☐ District Office Staff ☐ COST/CISS ☐ YEP ☐ YES Haward

Date(s) Requested:	Code	Start Time	End Time	Total

Comments:

_____

_____

_____

Signature: _____ Date: _____

DO NOT WRITE BELOW LINE

☐ APPROVED ☐ DENIED

Supervisor Signature: _____ Date: _____

District Coordinator / Director Signature: _____ Date: _____

RECEIVED STAMP

Received by - Initials