Clint Independent School District
Time Off Request Form

eForm

Employee Information			
Employee Name:		**Supervisor Name:**	
Last 4 of SSN:		**Campus / Dept.:**	

Instructions: Requests for leave should be submitted as far in advance as possible. Requests for leave already taken must be submitted immediately upon your return to duty / work. For each day of leave requested you must submit a single form. You may not request multiple days using a single form. Leave requested may only be in whole and half day increments.

(A) TIME OFF CODE

1. JURY DUTY - DAYS
2. LOCAL LEAVE - DAYS
3. NON DUTY DAYS - DAYS
4. SCHOOL BUSINESS - DAYS
5. STAFF DEVELOPEMENT - DAYS
6. STATE 2 LEAVE - DAYS
7. SUBPOENA - DAYS

(B) REASON:

1. ACCUMULATED COMP TIME
2. ILLNESS
3. JURY DUTY
4. MILITARY RESERVES
5. NON DUTY
6. PERSONAL
7. SCHOOL BUSINESS
8. STAFF DEVELOPEMENT
9. SUBPOENA
10. VACATION

Time Off Request Information

(A) Time Off Code: Please Select

(B) Reason: Please Select

Description:

Start Date:

Days: Pleast Select

Start Time:

By signing and submitting this form I confirm that I have chosen not to post this request through Skyward and authorize the district to post this request on my behalf. I understand that my request is subject to supervisor approval.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____