



**ORANGE UNIFIED SCHOOL DISTRICT
MAINTENANCE & OPERATIONS**

CUSTODIAL EMPLOYEE TIME OFF REQUEST FORM

This form must be submitted to Maintenance and Operations for final review and approval.
Complete one form PER time off request, non-consecutive requests require separate forms.

EMPLOYEE NAME: _____ ID# _____

LOCATION: _____

Requested Time Off:

Beginning On: _____ Ending On: _____ Return to Work: _____

Total Day(s): _____ Total Hour(s): _____

Personal Necessity Vacation Bereavement Jury Duty Other: _____

Employee Signature: _____ Date: _____

Site Administrator:

Site Administrator Approval: Approved Denied

Site Administrator Signature: _____ Date: _____

*****Maintenance & Operations Use Only*****

Assistant Director Approval: Approved Denied

Assistant Director Signature: _____ Date: _____