

# REQUEST FOR TIME OFF BANK WITHDRAWAL

NAME: \_\_\_\_\_

EMPLOYEE #: \_\_\_\_\_

Hours/Date(s) requested off: \_\_\_\_\_

# of hours to be withdrawn: \_\_\_\_\_

#of hours to be paid in lieu of taking time off

(not to exceed 40 hours per calendar year): \_\_\_\_\_

I request my withdrawal in advance of taking time off.  Yes  No

**NOTE: All hours/days requested off should fall into the same pay period.  
Please submit additional withdrawal forms for hours/days that fall in different pay periods.  
ADMINISTRATOR APPROVAL REQUIRED FOR HOURS PAID IN LIEU OF TAKING TIME OFF.**

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## ADMINISTRATOR/DEPARTMENT DIRECTOR'S USE ONLY

APPROVED  NOT APPROVED

ADMINISTRATOR/DEPARTMENT DIRECTOR'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## HUMAN RESOURCES DEPARTMENT USE ONLY

Time Off Bank hours available \_\_\_\_\_ through pay period ending \_\_\_\_\_

Time Off Bank hours requested \_\_\_\_\_

Time Off Bank hours to be withdrawn \_\_\_\_\_

Time Off Bank hours remaining \_\_\_\_\_

Withdrawal will appear on the check for the pay period ending: \_\_\_\_\_

Employee's Department Director notified that no Time Off Bank hours available:  YES  NO Date: \_\_\_\_\_

HUMAN RESOURCES SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

White Copy - Employee

Pink Copy - Director

Yellow Copy - Employee File

HR-17  
(Rev. 11/1/01)