



TIME OFF REQUEST

Employee Name: _____ Program: _____

Manager: _____ Request Date: _____

Date(s) Requested Off: _____

Reason for Time off Request:	Type of Time Off to be applied from your bank
<input type="checkbox"/> Personal Time Off (PTO) or vacation <input type="checkbox"/> Floating Holiday <input type="checkbox"/> Respite Day (under IWW union only) <input type="checkbox"/> Medically Related <input type="checkbox"/> Bereavement (Janus provided) <input type="checkbox"/> Emergency _____ (attach documentation) <input type="checkbox"/> Jury Duty (Janus provided) <input type="checkbox"/> Other Protected Leaves (jury duty, military leave, organ donation leave, bereavement, victims of domestic violence, crime victim leave).	<input type="checkbox"/> PTO <input type="checkbox"/> Vacation <input type="checkbox"/> Sick Time <input type="checkbox"/> Not Paid – For protected leaves only once available paid time has been exhausted

If time off potentially falls under any of the protected leaves (serious medical condition of employee or immediate family member, military, parental leave, Sick Child Leave under OFLA, Jury Duty, Crime/ Domestic Violence leave, complete the [Family Medical Leave Request Form](#) and forward it to your manager and HR. It can be found under “Staff” area: <http://www.janusyouth.org/staff-files>. Additionally, each program has a set of labor posters where you can find details about protected leaves.

PTO has to be used for all time off with exceptions for certain situations. Holiday or Weather closures, program closes due to low ratio, jury duty are a few examples that fall under this category.

PTO, Floating Holidays, Respite days, some other not protected by law time off situations are all subject to supervisor’s approval and require as much notice as possible.

Complete this chart if you identified your own replacement for the requested time off (ie: switching shifts, overtime, etc):

Date (s) Off	Shift[s] Involved	Employee[s] covering	Overtime Hours involved for the Covering Employee?	Hours per shift

Employee Signature: _____

Supervisor Name: _____ Time Off is Approved Denied

Signature of Supervisor: _____ Date: _____

ORIGINAL to: Supervision File
 Copy: Employee(s)
 Copy: Payroll