



# Parish/School Paid Time Off Form

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

---

I request the following time/day(s) off:

---

For the following reason(s):

- |                                       |   |
|---------------------------------------|---|
| <input type="radio"/> Personal Day(s) | <input type="radio"/> Bereavement _____ |
| <input type="radio"/> Sick Leave      | <input type="radio"/> Jury Duty         |
| <input type="radio"/> Unpaid Leave    | <input type="radio"/> Other _____       |

My sub will be: \_\_\_\_\_

My duties will be covered by: \_\_\_\_\_

---

Employee Signature

Date

---

Pastor/Principal Approval

Date

- Payroll
- Employee
- Other (if needed)