

UNE Summer Voluntary Unpaid Personal Time Off Request Form

See the policy for guidelines and specifics.

HOURLY EMPLOYEES ONLY

zzzzz z •U / Á}μo o]l š} š l À v š P }(hE [• ^μuu Œ

: _____

I would like to reduce my hours every day by _____ hour(s) beginning _____ (date) to _____ (date).

I would like to take the following _____ specific date(s) completely off.

I would like to take _____ week(s) off beginning _____ and ending _____.

I understand that I will not be paid for these hours or days and the time will be deducted from my regular paycheck. I also understand this will not affect benefit eligibility and my portion of the premiums will continue to be deducted from my pay. If I do not have enough in my paycheck to cover the cost of benefits I will reimburse the University by check at the beginning of each month.

I will promptly notify my supervisor and the Payroll Office of any changes in my planned time off.

Employee signature Date

Employee printed name PRN

Supervisor signature approval Date Supervisor phone extension

Supervisor submits original approved form to the Payroll Office.

