

Record of Time-Off / Make Up Time

Employee Name: _____ Signature: Sumit Sharma

Date Request Submitted mm / dd / yy
 / /

Code	Type of Time Taken/Requested
VDO	Vacation
TIL	Time In Lieu or Install/Maint/Travel Time
TLU	TIME in Lieu Used
STA	Statutory Holiday
PDO	Personal Day Off
USH	Use Stat Holiday Worked - Nov 11/Feb Family Day
UL	Taken Unpaid Leave – Pre-Approved
SPL	Special Leave – Pre-Approved
MT	Missed Time – Pre-Approved
MUT	Made Up Time – Scheduled Pre-Approved
BRE	Bereavement

**Reason/Importance of Time Off:
 Taken/Requested Time Off Code & Notice
 Table:**

- Emergency- time off has been taken (submit on return to work date)
- Emergency- requested prior to time off. (less than 2 business days notice)
- Requesting planned time off. (more than 2 business days notice)

1. Date Range Requested/Taken: Start Date mm/ dd / yy End Date mm/ dd / yy Code Cancelled
2. Date Range Requested/Taken: Start Date / / End Date / / Code Cancelled
3. Date Range Requested/Taken: Start Date / / End Date / / Code Cancelled

Item	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Hours	Days
	Date	Hrs	Date	Hrs	Date	Hrs	Date	Hrs	Date	Hrs	Date	Hrs	Date	Hrs		
1																
2																
3																
4																

When did you discuss the above dates with your supervisor? DATE: mm/ dd / yy
 / /

NOTE: _____

Manager/Supervisor sign-off _____

Note: Please complete with your Manager/Supervisor and forward for administrative approval.

FOR ADMINISTRATIVE USE ONLY

Human Resources Approval: Y / N Signature: _____ DATE: / /

(HR will not approve if supervisor / employees breaches policy and unavailable days for time-off)

Type of Time Approved:

- Vacation (VDO) Statutory Holiday
- Time In Lieu (TIL) Must be Approved Scheduled Install/Maintenance/Travel Time
- TIME in Lieu USED Special Leave (SPL)
- Personal Day Requested/Taken (PDO) Pre-Approved Missed Time (MT)
- Used Stat Holiday Worked (USH) Pre-Approved Made Up Time (MUT)
- Unpaid Leave (UL) Bereavement (BRE)

Verified by (Manager/Supervisor) Signature: _____ DATE: mm / dd / yy
 / /

Number of Days Used: VDO TIL TLU STA PDO USH UL SPL MT MUT BRE

Accounting Completed by: _____ DATE: mm/ dd / yy
 / /

Notes Regarding Time Off Circumstances: _____