



**1110 Fairfield Ave
P.O. Box 25940
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541-683-7291**

Web Address: www.eugenecreativecare.org
Email: creativecare.eugene@gmail.com

Time off Request

Employee Information

Employee Name: _____

Site: _____

Substitute: _____

(You are required to secure a substitute prior to time off approval. No Exceptions)

Type of Absence Requested:

- Vacation Time Off Without Pay Sick Jury Duty
 Other _____ FMLA Bereavement

Dates of Absence: _____ Return Date: _____

Reason for Absence:

You must submit requests for absences, other than sick leave, 14 days prior to the first day you will be absent.

Employee Signature

Date

Administrator Approval

- Approved
 Denied

Comments:

Administrator Signature

Date