

Central State Community Services, Inc.
Vacation/Personal/Time Off Request Slip

Name of Employee _____

Date _____ Center _____

___ Request Vacation for the following dates: _____
___ Request Personal for the following dates: _____
___ Time off (uncharged - do not have any V/P time available) called office and spoke with _____ on _____ (date)
___ Time off (uncharged - adjusting hours) called office and spoke with _____ on _____ (date)

AUTHORIZING SIGNATURE: _____

A request must be made two (2) weeks prior to the time employee wants to take vacation. A request must be made at least 48 hours in advance for personal time taken.

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