



Travis County Emergency Services District #5

Time Off Request

Member Name:	
Rank:	Shift:
Supervisor:	

Type of Leave Requested:	<input type="checkbox"/> Sick
	<input type="checkbox"/> Vacation
	<input type="checkbox"/> Jury Duty
	<input type="checkbox"/> Military
	<input type="checkbox"/> Bereavement
	<input type="checkbox"/> Leave Without Pay (non-FMLA)
	<input type="checkbox"/> FMLA
	<input type="checkbox"/> Other:

Date Off:	Time Off:	Date On:	Time On:

Reason for Leave:

Employee Signature _____ Date (mm/dd/yy) _____

Supervisor Approval _____ Date (mm/dd/yy) _____

Leave requests shall be in compliance with the ESD5 Personnel Handbook and Policy E101: Operations Staffing