

Travis County Emergency Services District #5

Time Off Request

Member Name:					
Rank:			Shift:		
Supervisor:					
		□ Sick			
		☐ Vacation			
Type of Leave		☐ Jury Duty			
		☐ Military			
Requested:		☐ Bereavement			
		☐ Leave Without Pay (non-FMLA) ☐ FMLA			
		☐ Other:			
D other.					
Date Off:	Off: Time C		Date On:		Time On
Date Oil.	Time Off:		Date On.		Time On:
Date Off:	Time Off:		Date On:		Time On:
Date Off:	Time Off:		Date On:		Time On:
Date Off:	Time Off:		Date On:		Time On:
Date Off:	Time Off:		Data On		Time On
Date Oil:	on. time on:		Date On:		Time On:
Reason for Leave:					
Employee Signature		Date (mm/dd/yy)			
Supervisor Approval				Data (mm/dd/wy)	
Supervisor Approval				Date (mm/dd/yy)	

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