

Celebrate the Children



EMPLOYEE REQUEST FOR TIME OFF

Request protocol:

Employee should request time off as soon as they know the dates they need to be out, giving no less than 48 hours notice to CTC so that appropriate coverage can be arranged. Requests should be turned in to the Main Office. If your request is approved, it will be put on Google Calendar, and you will receive an "invitation" email showing your day off. CTC will make every effort to honor all requests with sufficient notice. Exceptions may be requests made less than 48 hours in advance or conflicting staff requests. **In the event that plans change, and an employee reports to work on an approved scheduled day off, it is the Employee's responsibility to provide written notice to the Business Office via email (jshelley@celebratethechildren.org), in order to update records and payroll. *For new hires, you must be employed for 45 calendar days in order to be paid for any time off.**

Employee Name: _____ Today's date: _____
Classroom: _____

1. **PERSONAL DAY**

Date(s) requested: _____

2. **PROFESSIONAL DAY** PAGE 2 OF THIS FORM MUST BE COMPLETED WITH ADDITIONAL INFORMATION. IF THERE ARE ANY ASSOCIATED COSTS, A COPY OF THE PROFESSIONAL DEVELOPMENT REQUEST FORM (PAGE 2) MUST BE RETURNED TO THE BUSINESS OFFICE ALONG WITH A SIGNED PURCHASE ORDER AND ANY IMPORTANT DOCUMENTATION, (BROCHURE, REGISTRATION FORM, ETC.).

Date(s) requested: _____

Name and location of professional seminar, course, etc.

Is there any associated cost with seminar, course, etc.?

3. **BEREAVEMENT – Immediate Family**

Date(s) requested: _____

Relationship to the deceased: _____

Request:

Approved

Denied

Immediate Supervisor's Signature* _____ Date _____

Director's Signature* _____ Date _____

Principal's Signature * _____ Date _____

(Please sign/approve associated costs on Page 2, if applicable)



PROFESSIONAL DEVELOPMENT REQUEST FORM

Name of Seminar: _____

Address of Seminar Location: _____

Organization Associated With Seminar: _____

Date of Seminar: _____

Employee completing seminar registration form: _____

Employee attending: _____

Cost of the seminar: _____

Is the school paying for the seminar directly or reimbursing employee? _____

If the school is paying direct:

Payment Due Date: _____

What attachments need to go with the check? _____

Travel expenses associated with seminar:

Hotel: _____

Airfare: _____

Other: _____

Rationale for Attendance:

PROFESSIONAL DEVELOPMENT DIRECT PAYMENT OR REIMBURSEMENT APPROVAL STATUS

Approved Denied

Approved with the following stipulations:

Supervisor's Signature* _____

Date _____

BUSINESS OFFICE USE ONLY

Budget amount: _____

Budget approval: _____

Date seminar Paid, check #: _____

Staff reimbursed: Yes _____, No _____ Date _____