



Holy Apostles College & Seminary

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Telephone: 860-632-3010

Time Off Request Form (Non-Hourly Employees)

Date: _____

Employee Name: _____

Requested Period of Time Off: From _____ To _____

Time Used:

- Sick Days Requested _____
- Personal Days Requested _____
- Vacation Days Requested _____

Total Days _____

Employee's Signature: _____ Date: _____

Supervisor's Approval: _____ Date: _____

Entered By Payroll _____