

FAIRFIELD PUBLIC SCHOOLS

Hourly Service Employees

REQUEST FOR PAID TIME OFF ABSENCE

SUBMIT ONE COPY

TO: HUMAN RESOURCES OFFICE

****Request is hereby made for paid time off absence from regular assignment.***

Date(s) of Absence: _____ Hours _____

Reason(s) – *Please be specific:*

Signed: _____

Print Name: _____

School: _____

Employee ID# _____

Supervisor's Signature

*Final approval is given by the Human Resources Office.

Disposition:

_____ With Full Pay

_____ Without Pay

*Final approval is given by the Human Resources Office.

Colleen Deasy
Director of Personnel and Legal Services

_____ Reason Code