



ALMA COLLEGE

Administrative Time-Off Request Form

Employee's Printed Name _____ **Date** _____

Date(s) Requested

Vacation/Sick

Total Days*

*Please list days in 1/2 or whole day increments

When taking 1/2 day please specify AM or PM

Supervisor's Signature _____ **Date** _____

After approval by supervisor, this form is to be routed to the Human Resource Office