BAY COUNTY LIBRARY SYSTEM

REQUEST FOR TIME OFF WITH NO PAY

Name	Branch	Department	Date of Request

Request For _____ Hours Without Pay

From: _____ AM / PM ____ / ____ / ____ To _____ AM / PM ____ / ____ / ____
From: _____ AM / PM ____ / ____ / ____ To _____ AM / PM ____ / ____ / ____
From: _____ AM / PM ____ / ____ / ____ To _____ AM / PM ____ / ____ / ____
From: _____ AM / PM ____ / ____ / ____ To _____ AM / PM ____ / ____ / ____
From: _____ AM / PM ____ / ____ / ____ To _____ AM / PM ____ / ____ / ____
From: _____ AM / PM ____ / ____ / ____ To _____ AM / PM ____ / ____ / ____

Time Date Time Date

Reason for Requesting Time Off: _____

_____

_____

_____

_____

Coverage Issues: _____

_____

_____ _____

Employee Signature Date

☐ Approved

_____ _____ ☐ Denied

Managing Librarian/Supervisor Date

☐ Approved

_____ _____ ☐ Denied

Assistant Director Date

Kevin/Excel/Forms/Timeoffwithnopay