

# UNE Summer Voluntary Unpaid Personal Time Off Request Form

See the policy for guidelines and specifics.

## HOURLY EMPLOYEES ONLY

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I would like to reduce my hours every day by \_\_\_\_\_ hour(s) beginning \_\_\_\_\_ (date) to \_\_\_\_\_ (date).

I would like to take the following \_\_\_\_\_ specific date(s) completely off.

I would like to take \_\_\_\_\_ week(s) off beginning \_\_\_\_\_ and ending \_\_\_\_\_.

I understand that I will not be paid for these hours or days and the time will be deducted from my regular paycheck. I also understand this will not affect benefit eligibility and my portion of the premiums will continue to be deducted from my pay. If I do not have enough in my paycheck to cover the cost of benefits I will reimburse the University by check at the beginning of each month.

I will promptly notify my supervisor and the Payroll Office of any changes in my planned time off.

\_\_\_\_\_  
Employee signature                      Date

\_\_\_\_\_  
Employee printed name                      PRN

\_\_\_\_\_  
Supervisor signature approval                      Date                      Supervisor phone extension

Supervisor submits original approved form to the Payroll Office.

