



# LAMPASAS COUNTY, TEXAS

## REQUEST FOR TIME OFF

For HR Use Only

Date Rcvd: \_\_\_\_\_

Rcvd By: \_\_\_\_\_

Hrs. Verified: \_\_\_\_\_

Name (Last)	(First)	(MI)

Department	Job Title

First Date of Requested Leave	Last Day of Leave	Total Hours Requested (not less than .5 hr):

I am requesting Time Off using the following category: (indicate total hours of time requested)

Type of Time Requested	Available Hours	Total Hours Requested	Total Hours Remaining
Personal Time {Policy #7.2}			
Vacation {Policy #6.2}			
Compensatory Time {Policy #5.3 & 5.4}			
Unpaid Time {No Current Policy}			
Civic Duty {Policy #7.4}			
Emergency/Funeral {Policy #7.3}			
Totals			

NOTE: Requesting 4 hours each day (12:00-4:00) 19-21, and 8 hours on th

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Department Use Only:

- Request Approved
- Request Disapproved

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

- Employee and Department Head must sign and date form, and keep copies.
- Return Original for to the Human Resources Department.