DEER PARK SERVICE DEPT
TIME OFF REQUEST FORM

Requesting Employee _____   Date _____

Check One: VAC _____ SICK _____   ROVING HOLIDAY _____

REASON FOR REQUEST: _____

_____

DATES: REQUESTED: _____

Signature of requesting employee _____

APPROVAL by Immediate Supervisor _____ Date _____

Approval by Safety-Service Director, if applicable. _____ Date _____

Comments: _____

_____

_____

_____

DEER PARK POLICE DEPARTMENT
TIME OFF / SCHEDULE CHANGE / OVERTIME
REQUEST FORM

Requesting Employee_____ Date_____

Check One: Vac___ CT____ Sick_____ Change____ Exchange____ Overtime_____

Reason for Request_____

_____

Date(s) Requested_____

Requesting Employee _____
(Signature)

If Request for Exchange:
Requesting Exchange with_____
(Employee Name)

Requested Exchange Dates_____

Approved by Exchanging Employee_____ Date_____
(Signature)

Approved by Immediate Supervisor_____ Date_____
(of Requesting Employee)   (Signature)

Approved by Immediate Supervisor_____ Date_____
(of Exchanging Employee)   (Signature)

Approved by Scheduling Supervisor_____ Date_____
(Signature)

Approved by Chief of Police_____ Date_____
(Signature)

Comments_____

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Revised 06/25/2001