



PERSONAL TIME OFF FORM

INSTRUCTIONS: Use this form to request any paid/unpaid time off. Any unexpected time off (such as illness), should also be reported to your supervisor as soon as possible. Once the form is approved by the Site Supervisor, you **MUST** fax a copy to the office at (213) 673-4711.

REQUESTING PAID VACATION HOURS: In order to determine how many vacation hours you have accrued, please divide your Hours Accrued Towards Vacation (found at the bottom of each paystub) by 26. Only employees working under certain contracts are eligible, and each contract contains eligibility policies. To find out what these policies are, please contact a Metropolitan administrative representative.

EMPLOYEE INFORMATION

Employee Name	Employee Signature
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Site Location	Date
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THE FOLLOWING MUST BE PRE-APPROVED

	START DATE	END DATE	TOTAL DAYS OFF	NUMBER OF VACATION HOURS REQUESTED
Paid Time Off				
Unpaid Time Off				

SUPERVISOR'S SIGNATURE

Supervisor Name	Date
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Signature	Date
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