

VACTION/PERSONAL/SICK TIME

Oswego Public Library

Date \_\_\_\_\_

From \_\_\_\_\_

**To: Personnel Representative/Board of Trustees**

I request the following day (s) as ( ) vacation ( ) Personal ( ) Birthday ( ) Bereavement

Dates requested \_\_\_\_\_

Signature of staff member \_\_\_\_\_

Your request ( ) is approved ( ) is not approved Date \_\_\_\_\_

Signature of Board Representative \_\_\_\_\_

I have taken \_\_\_\_\_ days **of vacation time** prior to this request. Upon approval of this Request, I will have \_\_\_\_\_ days remaining. I am entitled to (5) (10) (15) (17) (18) (19) (20) vacation days per year. (Circle the number of vacation days that you are entitled to.

I have taken \_\_\_\_\_ days **of personal time** prior to this request. I am entitled to 2 days. Upon approval of this request I will have \_\_\_\_\_ days remaining.

I am entitled to (1) **birthday** day per year to use when I wish. Upon approval of this request I will have (0) remaining.

I have taken \_\_\_\_\_ days of **bereavement** time prior to this request. Upon approval of This request, I will have \_\_\_\_\_ days remaining. I am entitled to 3 bereavement days per year.

I have \_\_\_\_\_ **sick days** remaining