COUNTY OF LOS ANGELES — Public Health

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
HUMAN RESOURCES
EMPLOYEES REQUEST FOR TIME OFF

☐ VACATION	☐ SICK - NON ILLNESS(SN)	☐ HOLIDAY	**IMPORTANT**
☐ OVERTIME	☐ AWOP (*TO COVER TIME OFF*)	☐ OTHER	SUBMIT TWO COPIES FOR APPROVAL FOR LEAVE OF ABSENCE, USE A *REQUEST FOR LEAVE OF ABSENCE* FORM

LAST NAME	FIRST NAME	EMPLOYEE NUMBER

JOB TITLE	AREA WORKED (*UNIT, ROOM NUMBER, ETC*)	SHIFT

REQUEST TIME OFF	**ENTIRE DAY(S)** - FROM (*DATE*)	THROUGH (*DATE*)	TOTAL NO. DAYS	IF VACATION REQUEST, GIVE DATE OF EMPLOYMENT
	PART DAY - DATE	TIME OFF (FROM & THROUGH)	TOTAL NO. HOURS	PROPOSED WORK DAY (FROM & THROUGH)

REASON FOR REQUEST (*INCLUDE SECOND CHOICE OF DATES*)

EMPLOYEE'S SIGNATURE	DATE

REQUEST FOR TIME OFF HAS BEEN?	DATES/TIMES CHANGED TO
☐ APPROVED ☐ DENIED ☐ DATES/TIME CHANGE	

REASON FOR DENIAL OR DATE CHANGES

SUPERVISOR'S SIGNATURE	DATE APPROVED

HS-59 76E689 (Rev. 8/95) 1/96