



L.I. Child and Family Development Services, Inc.

REQUEST FOR USE OF ACCRUALS

EMPLOYEE NAME		DATE	
JOB TITLE			
LOCATION			
<input type="checkbox"/> PERSONAL	<input type="checkbox"/> SICK* <i>*For Medical Appointments</i>	<input type="checkbox"/> VACATION	<input type="checkbox"/> BEREAVEMENT
TOTAL NUMBER OF WORKING HOURS TO BE TAKEN _____ <i>List Date(s):</i>			
Or			
NUMBER OF WORKING DAYS TO BE TAKEN _____ <i>List Date(s):</i>			
_____ EMPLOYEE'S SIGNATURE		_____ DATE	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason: _____			
_____ IMMEDIATE SUPERVISOR		_____ DATE	

**NOTE: All requests beyond (5) working days must be forwarded to the appropriate Supervisor/Director for final approval.*

SUPERVISOR/DIRECTOR

DATE