

06/01/2018

Cape Cod Collaborative

Transportation Time off Request Form

Today's Date _____

Requests for time off will be reviewed on a first come first serve basis. Requests must be made at least 2 weeks in advance prior to requested time off. Please do not make irrevocable plans, reservations, or appointments based on submitting this form. All time off other than illness must be pre-approved.

Absence Information

Employee

Name: _____

Department _____

Route number you are requesting coverage for: _____

Dates of Absence: _____

Reason for

Absence: _____

1. Each leave on this form is explained in the Employee Handbook. Prior to making this leave request, employees should review the Employee Handbook to ensure the request is consistent with the handbook and that the form is completed properly .If you have any questions concerning your eligibility for a specific type of leave, please contact your Supervisor.
2. Please note: If you are a Driver, you will need to bring your bus with all pertinent information regarding your route into the Transportation Office. Drivers are responsible for picking up their assigned vehicle when they return from their approved time off. If you are a monitor, please indicate the time and location where you meet your driver below.

Monitor pick-up time	Meeting Location
-----------------------------	-------------------------

Employee Signature

Date

Manager Approval

Approved

Rejected

Comments:

Manager Signature

Date

Driver/Monitor covering the requested date(s) off _____

Driver/Monitor notified: _____