

# EXEMPT EMPLOYEE TIME OFF REPORT FORM

Please present completed form to the Mayor's Office at least 24 hours prior to absence.

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date(s) Out of the Office:** \_\_\_\_\_

\_\_\_\_\_  
*\*\*\*Please note full days and/or hours for partial days.*

## Type of Benefit Time Used

- \_\_\_\_\_ **Vacation Time**
- \_\_\_\_\_ **Flex Time** (Compensatory time is not available to exempt employees.)
- \_\_\_\_\_ **Sick Leave Hours**
- \_\_\_\_\_ **Personal Day**

## Work Related Absence

- \_\_\_\_\_ **Training**  
Please note training description and attach an itinerary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \_\_\_\_\_ **Meeting and/or conference**  
Please note organization involved or conference host and attach an itinerary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**MAYOR** **DATE**

\_\_\_\_\_  
**EMPLOYEE** **DATE**