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## SHELBY COUNTY FISCAL COURT TIME OFF REQUEST FORM

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**EMPLOYEE NAME:**

**DEPARTMENT:**

**DEPARTMENT HEAD:**

**DATE/DATES BEING REQUESTED:**

**DATE YOU WILL RETURN TO WORK:**

**NUMBER OF HOURS BEING REQUESTED:**

**TIME OFF REQUEST REASON:**

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**SICK**

*(If more than 3 consecutive days/shifts a doctor's note is required per County Admin Code and you should contact HR Mgr. to see if FMLA paperwork is needed.)*

**VACATION**

**HOLIDAY**

**JURY DUTY**

**MATERNITY/PATERNITY**

**TIME OFF WITHOUT PAY**

*(Time off without pay needs to be documented on timecard/timesheet and payroll summary excel sheet.)*

**FMLA**

*(FMLA needs to be documented on timesheet/timecard and also on payroll summary excel sheet.)*

**MILITARY**

**BEREAVEMENT**

*Family Member:*

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*(Please remember to document family member bereavement is being taken for.)*

**PALLBEARER**

*(4 HRS is paid by County per Admin Code for anyone being a Pallbearer, any additional time off you would need to take your vacation/holiday time.)*

*I understand that I am not guaranteed these dates off. The time off will be considered approved when the employee receives his/her copy of the time off request form with the department head's signature on it.*

**EMPLOYEE SIGNATURE:**

**DATE:**

**DEPARTMENT HEAD RECOMMENDATION:**

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APPROVED

APPROVED WITH FOLLOWING MODIFICATIONS:

UNAPPROVED FOR FOLLOWING REASON:

**DEPARTMENT HEAD:**

**DATE:**