



# Episcopal Diocese of Newark Absence/Day Off Request Form

STAFF MEMBER NAME:	DEPARTMENT:	DATE:
Requested Number of Scheduled Work Day(s) Off:	Beginning Date:	Ending Date:

This form can be completed on-line.

A copy of this form should be retained by the employee's supervisor, a copy should be given to the employee, and a copy should be sent to the Finance Department for the permanent employee file.

<u>MONTH</u>	<u>PERSONAL DAY</u>	<u>VACATION DAY</u>
Absences to Be Taken As: (Note Hours to be Used)		

<u>Comments</u>

<u>APPROVAL</u>	
Supervisor:	Date:



# Episcopal Diocese of Newark ACCRUED/USED/AVAILABLE PTO

STAFF MEMBER NAME:		DEPARTMENT:	REPORTS TO (TITLE):
HIRE DATE	DATE LAST UPDATED	CURRENT DATE	

**This form can be completed on-line.**

**A copy of this form should be retained by the employee's supervisor, a copy should be given to the employee, and a copy should be sent to the Finance Department for the permanent employee file.**

MONTH	DATE	ACCRUED	USED	BALANCE	COMMENTS
<b>OPENING BALANCE</b>					
JANUARY					
FEBRUARY					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					
<b>ENDING BALANCE</b>					

ACCRUED AND USED SICK TIME					
After an updated entry, please calculate remaining available balance. Diocese allows up to 10 sick days per fiscal year					
MONTH	DATE	ACCRUED	USED	BALANCE	COMMENTS
JANUARY					
FEBRUARY					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					

EMPLOYEE CERTIFICATION AND DEPARTMENT VALIDATION	
<i>I certify that the information recorded on this form is true and accurate.</i>	
Staff Member	Date:
Supervisor:	Date: