



PAID TIME OFF REQUEST FORM – Santa Fe College Assigned Talent

Request Information

Date Form Completed: _____

Requesting Employee Name: _____

Last 4 Digits of SSN: ###-##-_____

Type of Paid Time Off Request: Holiday Sick

Date(s) of Requested Paid Time Off: _____

By signing below I verify that I am submitting this as a request and TempForce will determine my eligibility for approval of this request based on the qualifying requirements for the benefit listed above. I verify that I have received and read a list of the benefits offered to me as an employee of TempForce and I understand all required qualifications. I verify that I have abided by the requirements for the type of Paid Time Off requested above, specifically the work schedule requirements for Holiday and Sick requests. Further, I understand that it may take a period of up to two (2) weeks to process this request if approved.

Employee Printed Name

Signature

Date

SFC Worksite Supervisor (Required for Holiday and Sick Paid Time Off Requests)

For Holiday Request:

I verify that this employee worked the last date they were scheduled to work prior to the holiday requested above and they worked the first date they were scheduled to work following the holiday requested above.

For Sick Request:

I verify that this employee was scheduled to work on the date(s) listed above; they contacted the worksite to advise they were unable to do so and they did not work.

SFC Supervisor Printed Name

Signature

Date

For TempForce Use Only (Non-Approved/Non-Qualifying Requests Only)

As according to the required qualifications listed on the TempForce benefits information list, the above request for Paid Time Off was not processed for the following reason:

Please contact our Payroll Department if you have any questions at 352-378-2300 x.20 or email sgonzalez@tempforce.net.

TempForce Staff Printed Name

Signature

Date