

CALIFORNIA INSTITUTION FOR MEN

SUPERVISOR'S REQUEST FOR TIME OFF

I, _____, PPAS#: _____ HEREBY REQUEST TIME OFF FROM MY
ASSIGNED SHIFT, POST TITLE: _____ POST NUMBER: _____
FOR: _____ WATCH, FROM _____ HOURS, TO _____ HOURS, ON THE
FOLLOWING DATE: _____, DAY OF WEEK: _____.

IF APPROVED, I AM REQUESTING THE USE OF THE FOLLOWING LEAVE CREDITS:

- _____ Hours, Holiday Credit Taken (HCT) - (Internal Coverage Only)
- _____ Hours, Vacation Credit Taken (V) - (Captain Approval Required)
- _____ Hours, Family School Participation Leave (SPH) - (Verification Attached)
- _____ Hours, Family Medical Leave Act (SMH) - (Requires Medical Verification on File)
- _____ Hours, Informal Holiday Taken (IHT) - (Internal Coverage / Maximum of 4 Hours)
- _____ Hours, Official Business (OB) - (Maximum of 4 Hours, State Business Only)
- _____ Hours, Other Leave Credits (Military Leave) (Military Drill) (Family Activity Leave)

Note: A Personal Leave Day (PLD) is not granted as a specific reason for absence from a Work assignment. PLD credits, however, may be substituted for any absence by making an appropriate notation on your monthly 998A (Attendance Summary Form). Supervisors requesting a Holiday must submit their request to their respective supervisor for recommendation, and then to their respective Captain for final approval. Only one (1) supervisor will be approved per watch at each facility. Please note: A copy must be forwarded to the SAB Captain for tracking purposes (909-606-7139). All requests for Holiday Time Off will only be approved if internal coverage for your post can be arranged and if you have Holiday Credits accrued to cover the time off requested.

Cross Coverage By:

NAME	POST NUMBER	POST TITLE	WATCH
_____	_____	_____	_____

Signature: _____ Date submitted: _____

APPROVED / DISAPPROVED Remarks: _____

Signature of Affected Lieutenant: _____ Date: _____

APPROVED / DISAPPROVED Remarks: _____

Signature of Facility or Program Captain: _____ Date: _____

APPROVED / DISAPPROVED Remarks: _____

Signature SAB Captain: _____ Date: _____