



Wharton Independent School District

Request for Non-Duty (Non-Paid) Time Off

Employee Name: _____		Date of Request: _____	
Balance of Non-Duty Time (in hours) _____			
I am requesting the following day(s)/hours off for Non-Duty Time: _____			
(Request for Non-Duty Time Off requires five (5) school days advanced notice to supervisor.) Please submit an Absence from Duty Report upon return. Note time used in "other" block.			
_____ Employee Signature		_____ Date	
This request is <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
_____ Supervisor Signature		_____ Date	

Request for Compensatory Time Off

Employee Name: _____		Date of Request: _____	
Balance of Comp. Time (in hours) _____			
I am requesting the following day(s)/hours off for Comp. Time: _____			
(Request for Comp. Time requires five (5) school days advanced notice to supervisor.) Please submit an Absence from Duty Report upon return. Note time used in "other" block.			
_____ Employee Signature		_____ Date	
This request is <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
_____ Supervisor Signature		_____ Date	

All employees must complete an Absence from Duty Report immediately upon returning from any absence.

WISD HR/Business Depts. 010117