

**Delaware Technical & Community College  
Stanton/Wilmington Campus**

**Regular Part-Time Employee Time-Off Authorization**

Employee ID Number \_\_\_\_\_ Position \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

**Date(s) Requested for Time-Off**

(Must be submitted to the Supervisor in Advance)

Date(s) Requested \_\_\_\_\_

Total Number of Days Off: \_\_\_\_\_

I understand I will not be compensated for any day(s) I do not work.

\_\_\_\_\_  
Employee Signature Date

**Approved**                       **Not Approved**

\_\_\_\_\_  
Supervisor Signature Date

\_\_\_\_\_  
Dean/Director Signature Date

**Sick Time-Off**

(Must be completed on day of return)

I was ill and could not report for work on the following dates. I understand I will not be compensated for any day(s) I do not work.

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date

\_\_\_\_\_  
Dean/Director Signature Date