

CIU-20 CENTRAL OFFICE STAFF
EMERGENCY DAY/RESTRICTED DAY REQUEST

TO: Human Resource Office
FROM: _____
DATE: _____

I request approval to use an:

_____ Emergency Day _____ Restricted Day

Date of Requested Day _____

Reason for Request _____

Employee's Signature & Date

* * * * *

This request has been: _____ Approved _____ Disapproved

Reason for Disapproval _____

Executive Director's Signature & Date