

Office Of The Treasurer & Tax Collector

City and County of San Francisco

Mailing Address: P.O. Box 7426 San Francisco, CA 94120-7426

Street Address: 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102-0917



Employee Name

CSC Class and Title

Enter information for only one week (Monday through Friday) in the appropriate section(s). Use separate forms for each week. The employee is solely responsible for the correctness of this request.

1. **SICK TIME:** Date(s): _____ Hrs ____ & _____ Hrs ____
_____ Hrs ____ & _____ Hrs ____ & _____ Hrs ____

2. **VACATION:** Date(s): _____ Hrs ____ & _____ Hrs ____
_____ Hrs ____ & _____ Hrs ____ & _____ Hrs ____

3. **FLOATING HOLIDAY:** Date(s): _____ Hrs ____ & _____ Hrs ____
_____ Hrs ____ & _____ Hrs ____ & _____ Hrs ____

IN-LIEU HOLIDAY: Date: _____ for Holiday worked on: _____
Date: _____ for Holiday worked on: _____

4. **COMP. TIME TAKEN:** Date(s): _____ Hrs ____ & _____ Hrs ____
_____ Hrs ____ & _____ Hrs ____ & _____ Hrs ____

5. **OTHER:** Date(s): _____ Hrs ____ & _____ Hrs ____
_____ Hrs ____ & _____ Hrs ____ & _____ Hrs ____

Employee Signature

Date of Request

Approved by

Date Approved

Every effort will be made to allow employee their first choice. However, if there are any conflicts, they will be settle on the basis of Seniority and the needs of the section. Requests made at this time will take priority over those made at a subsequent date. In the event of conflict you will be requested to choose alternative dates.

Original: Attach to weekly time sheet

Copy: Employee