DATE:_____

TO: General Services Accounts Payable

FROM: Central Services Division

☐ Administration ☐ Stores ☐ Mail Services

☐ Purchasing ☐ Reprographics ☐ _____

SUBJECT: Payment of Invoice(s)
The following is approved for payment as noted.

Vendor:_____ Invoice No._____

Invoice date:_____ Invoice Amt.:_____ Partial/Final Payment:_____

Purchase Order No.:_____ Account No.:_____ Sub-Object:_____

Special Comments:_____

_____

Approved By:_____ Date:_____

## SOLANO COUNTY HEALTH & SOCIAL SERVICES DEPARTMENT
## TIME OFF REQUEST

NAME (Print): _____
(FIRST) (LAST)

I hereby request approval of absence from my duties as identified below:

| | # HOURS OFF | FROM | | THROUGH | |
|---|---|---|---|---|---|
| | | TIME | DATE | TIME | DATE |
| **SICK SELF** | | | | | |
| **SICK FAMILY** (Specify relationship: _____ | | | | | |
| **ANNUAL LEAVE** | | | | | |
| **FLOATING HOLIDAY** | | | | | |
| **COMP TIME TAKEN** | | | | | |
| **SPECIALIZED LEAVE - CODE ___ ++** | | | | | |
| **LEAVE WITHOUT PAY * +** | | | | | |

TIME OFF is granted in quarter hour increments only, e.g. 1/4, 1/2, 3/4. Time off is reported as hours and fractions of an hour. For example. Report 1 1/2 hours, not 1.5 hours.

+ +SPECIALIZED LEAVE, to be taken in accordance with MOU or Personnel Resolution, includes the following:

| | |
|---|---|
| ADM | Administrative Leave |
| B/L | Bereavement Lv (Specify Who) |
| BL/DN | Blood Donor |
| E/L | Educational Leave |
| J/D | Jury Duty |
| M/L | Military LOA |
| U/T | Union Time |

** Leave Without Pay for a period less than 30 calendar days require prior written approval from the Deputy Director*

+ REASON FOR TIME OFF IS: _____

**EMPLOYEE SIGNATURE:** _____ DATE: _____

**SUPERVISOR:** ☐ Approve ☐ Disapprove _____ DATE: _____
(Signature)

48-1-120 Rev 05/07

DISTRIBUTION: White - Employee: Yellow - Supervisor: Pink - Attached to Bi-Weekly