

2024 JJET Employee Time Off Request

Number	Employee Name	Department						
	First Last							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Date Filled Out</th> <th style="width: 33%;">First Day Absent</th> <th style="width: 33%;">Expected Return Date</th> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </table>			Date Filled Out	First Day Absent	Expected Return Date			
Date Filled Out	First Day Absent	Expected Return Date						

January						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

March						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

NOTE: Sick/Personal Time and Floating Holiday will be used first since that time does NOT carry over to the next year

Check the Category below that applies

X	# of Hours	Category	FMLA (Yes or No)
		Vacation	
		Paid Leave Time	
		Comp time	
		Leave Without Pay (manager initiated)	
		Leave Without Pay (employee initiated)	
		Jury Duty	
		Military Leave	
		Bereavement Leave	
		COVID-19	

April						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
28	30					

Family Medical Leave Act (FMLA) Reason: Check the Category below that applies

X	FMLA REASON - Must see Human Resources
	My own serious health condition
	To care for my spouse with a serious health condition
	To care for my child with a serious health condition
	To care for my parent with a serious health condition
	Pregnancy (appts, sickness, required bed rest)
	Birth or placement of child for adoption or foster care
	Military: qualifying exigency leave
	Military: military caregiver leave

October						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
28	30	31				

Paid Holidays - Store Closed

New Years Day	1/1
Independence Day	7/4
Thanksgiving	11/28
Christmas	12/25

Paid Holidays - Store Open 1/2 day

Memorial Day	5/27
Labor Day	9/2
Day after Thanksgiving	11/29
Christmas Eve	12/24

Paid Leave Act

(5) days for FT that met 90
PT accrue (1) for every (40)
up to (5) days

Approvals (Sign and Date)	
Judy K. Bolin	Supervisor