

**City of Portland  
Permitting and Inspections Department**

**TIME OFF REQUEST FORM**

Name: \_\_\_\_\_

Date Request Made: \_\_\_\_\_

I hereby request the following time off:

Vacation      5.5      8/1/2017  
# Hours                      Date(s)

Comp. Time      2      8/1/2017  
# Hours                      Date(s)

Sick  Other\*      7.5      7/31/2017 (Doctor's appointment)

\*Describe (without pay, temporary flex, etc.):

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

Request Signed: Stephen Hampton 7-14-2017

Request Approved: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Supervisor Comments or Conditions of Approval: \_\_\_\_\_

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