



RSU #23 Time Off Request Form

Name: _____ Date: _____

Position: _____ School: _____

Please log into your [ADS Employee Self Service Portal](#) to view your available time off before submitting this form. **Username** is your employee code. It is displayed in the upper left corner of your pay slip. **Password** is the last four digits of your social security number. Please also request this time off in [Frontline Education](#) **Username**: is your RSU23 email. If you're unsure of your **Password**, please click "forgot password".

Here are a couple of resources for employees that help walk them through how to submit time off in the system:
[Employee Basic Training Video](#)
[Employee Advanced Training Video](#)

Quantity:	Personal Day(s)	Date(s):
Quantity:	Vacation Day(s)	Date(s)
Quantity:	Planned Medical Sick Day(s)	Date(s)
Quantity:	Bereavement Day(s)	Date(s): Indicate if it's Immediate Family or Extended Family

Employee's Signature: _____

Building Principal/Supervisor:

___ Approved ___ Not Approved

Principal/Supervisor's Signature: _____

Date: _____

Upon approval by the Principal/Supervisor, submit a copy of the request to the employee (within ten days) as well as the HR/Payroll Department and keep one for your records. The HR/Payroll Department will only reach out if there is a discrepancy with the time off request.

HR/Payroll Use Only:

___ Input time off request in ADS attendance