

PLEASE NOTE: THIS FORM COMBINES TRAINING ACTIVITIES FOR TRACKING PURPOSES. IT IS NO LONGER NECESSARY TO COMPLETE AN ADDITIONAL TRAINING FORM.

YMCA OF GREATER NEW YORK

INTERNATIONAL BRANCH

REQUEST FOR TIME OUT OF THE OFFICE

NAME: _____ DEPT: _____

DATES REQUESTED: _____

PURPOSE: Vacation: _____ Personal day: _____
 Comp day: _____ Earned comp time for (date): _____
 Other (Please Describe, work at home, etc): _____

Conference _____ Training: _____

Conference/Training Title: _____ Cost: _____

Location: _____

Comments: _____

Correction: circle one I did not take: Personal Day Vacation Day Comp Day

I did not attend: Training Conference

As scheduled on above date; Please revise my record _____

Staff Signature: _____ DATE: _____

Supervisor's Approval: _____ DATE: _____

Reviewed/Entered Calendar: _____ Date _____ Entered Training Data Base _____ Date: _____