



# TIME OFF & TRUE TIME ORG CHART CHANGE REQUEST

Please Select One:  True Time Only  Time Off Only  Both

Please Select One:  New Employee  Transfer Employee

Name Key: \_\_\_\_\_ Name (Last, First, MI): \_\_\_\_\_

School/Department: \_\_\_\_\_

1<sup>st</sup> level approver\* (Name): \_\_\_\_\_

*(\*The first person that reviews leave at your location. This is usually the bookkeeper.)*

Position Start Date: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Notes: \_\_\_\_\_

PAF Completed and Approved By Human Resources

**Please email Rita Mathis @ [mathisr@leonschools.net](mailto:mathisr@leonschools.net) if you have any questions.**