

# CAPE BRETON REGIONAL POLICE SERVICE TIME OFF REQUEST



Date Of Request: \_\_\_\_\_

Officer's Name: \_\_\_\_\_

## **Requested Period Off**

From (Date/Time): \_\_\_\_\_ To (Date/Time): \_\_\_\_\_

## **Time Used**

Time In Lieu Hours: \_\_\_\_\_

Vacation Hours: \_\_\_\_\_

Stat Holiday Hours: \_\_\_\_\_

Float Time Hours: \_\_\_\_\_

TOTAL: \_\_\_\_\_

SIGNED: \_\_\_\_\_

APPROVED: \_\_\_\_\_