



**RANDOM MOMENT TIME SURVEY (RMTS) SYSTEM
REQUEST FOR TIME SURVEY PARTICIPANT (TSP)
EXTENDED LEAVE**

DISTRICT: _____

RMTS YR/QTR: _____

CHANGE REQUESTED BY: _____

PAID STATUS
VERIFIED WITH
HR/PAYROLL
DOCUMENTED
IN AUDIT
RECORDS

TSP NAME: _____

TSP JOB CATEGORY: _____

TSP TITLE: _____

TYPE OF LEAVE: _____

LEAVE BEGIN DATE: _____ LEAVE END DATE: _____

PAID: YES NO

UPCOMING MOMENTS: _____

IS THERE A DIRECT REPLACEMENT?: YES NO

REPLACEMENT NAME: _____

EMPLOYEE ID#: _____

REPLACEMENT EMAIL ADDRESS: _____

REPLACEMENT BEGIN DATE: _____

NOTES: _____

DATE RECEIVED BY LEC: _____

RMTS SYSTEM UPDATED: _____