



**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* *IF UNPAID – LAST DAY IN A PAID STATUS: _____

UPCOMING MOMENTS:

IS THERE A DIRECT REPLACEMENT? YES NO

REPLACEMENT NAME: _____

EMPLOYEE ID#: _____

REPLACEMENT EMAIL ADDRESS: _____

REPLACEMENT BEGIN DATE: _____

NOTES:

*** SUBMIT THIS FORM ONLY IF TSP RECEIVES A MOMENT AND WILL NOT RETURN WITHIN 4 STUDENT ATTENDANCE DAYS TO RESPOND TO THEIR MOMENT.**