

TIME OFF REQUEST FORM

Your request for time off must be submitted & approved by management in advance

NAME: _____

TODAY'S DATE _____ **DEPARTMENT** _____

VACATION DAYS AVAILABLE _____ **AS OF (DATE)** _____

NUMBER OF DAYS REQUESTED _____

STARTING ON _____ **ENDING ON** _____

I WILL RETURN TO WORK ON _____

TYPE OF REQUEST

VACATION: _____ **PERSONAL LEAVE:** _____ **JURY DUTY:** _____

MILITARY LEAVE: _____ **FAMILY/MEDICAL LEAVE:** _____ **SICK TIME:** _____

BEREAVEMENT LEAVE _____ **TIME OFF TO VOTE** _____

COMMENTS: _____

EMPLOYEE CERTIFICATION

I understand that time away from work is subject to management approval and company policies.

Employee Signature: _____ **Date:** _____

APPROVAL

APPROVED: YES _____ **NO** _____

Supervisor/Manager Approval: _____ **Date** _____

Printed Name: _____ **Title** _____

Payroll Input _____ **Date:** _____