

TIME OFF REQUEST FORM

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

EMPLOYEE INFORMATION	
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	
<input type="checkbox"/> VACATION	<input type="checkbox"/> MILITARY LEAVE
<input type="checkbox"/> PERSONAL LEAVE	<input type="checkbox"/> FAMILY AND MEDICAL LEAVE
<input type="checkbox"/> BEREAVEMENT LEAVE	<input type="checkbox"/> SICK TIME
<input type="checkbox"/> JURY DUTY	<input type="checkbox"/> 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: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Supervisor/Manager Approval: _____	Date: _____
Printed Name: _____	Title: _____
Payroll Input: _____	Date: _____