

Time-Off Request Form

Employee Name: _____

Date Submitted: ____/____/____

Supervisor: _____

Please schedule your time off requests as far in advance as possible. The Company reserves the right to approve or disapprove time off requests. Time Off requests will be reviewed and considered for approval on a "First come, First granted" basis. Employees are required to request their vacation/time off requests in writing at least four weeks in advance, unless your absence is due to an emergency. Should more than one employee request the same time off, the employee who first requested the time off (submitted) will be considered for approval first.

Reason For Absence: _____

Additional documentation and/or explanation may be required for some absences.

Requested Date/Time off Absence:

Starting Date: ____/____/____ Time: _____ [] am [] pm

Back to work on: ____/____/____ Time: _____ [] am [] pm

Total Hours Requested: _____

Request Type: [] Vacation Time [] Sick/Medical [] Volunteer Time Off [] Holiday
[] Bereavement [] Jury Duty/Witness [] Other _____

Person(s) Covering Duty(s)

Duty(s) being Covered:

Special Duty(s) to be covered while off: _____

Employee Signature: _____

Date ____/____/____

[] APPROVED [] DISAPPROVED [] MODIFIED APPROVAL as follows: _____

Supervisor Signature: _____

Date ____/____/____

OFFICE USE ONLY:

[] Vacation Time YTD: _____

[] Time Off with Pay

[] Sick/Medical YTD: _____

[] Time Off Without Pay

[] Volunteer Time Off YTD: _____

[] Holiday YTD: _____

[] Bereavement YTD: _____

[] Jury Duty/Witness YTD: _____

[] Other _____ YTD: _____