

## TIME OFF REQUEST FORM

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

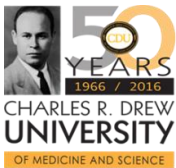
| Request for:                              | <u>Start Date</u> | <u>Return Date</u> | <u>Hours</u> |
|---|-------------------|--------------------|--------------|
| <input type="checkbox"/> Vacation         | _____             | _____              | _____        |
| <input type="checkbox"/> Personal         | _____             | _____              | _____        |
| <input type="checkbox"/> Sick             | _____             | _____              | _____        |
| <input type="checkbox"/> Off Without Paid | _____             | _____              | _____        |
| <input type="checkbox"/> Other _____      | _____             | _____              | _____        |

Employee Signature: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Updated: 9.2015



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| Request for:                              | <u>Start Date</u> | <u>Return Date</u> | <u>Hours</u> |
|---|-------------------|--------------------|--------------|
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| <input type="checkbox"/> Personal         | _____             | _____              | _____        |
| <input type="checkbox"/> Sick             | _____             | _____              | _____        |
| <input type="checkbox"/> Off Without Paid | _____             | _____              | _____        |
| <input type="checkbox"/> Other _____      | _____             | _____              | _____        |

Employee Signature: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Updated: 9.2015