

# MY TOMATO PIE

Date Printed

**3085 SHERIDAN DRIVE  
AMHERST, NEW YORK 14226**  
**[www.mytomatopie.com/pdfs/dayoff.pdf](http://www.mytomatopie.com/pdfs/dayoff.pdf)**  
**(716) 838-0969**

FALSIFICATION OF EITHER A WRITTEN  
STATEMENT OR A PHYSICIAN'S CERTIFICATE  
IS GROUNDS FOR DISCIPLINARY ACTION,  
INCLUDING DISMISSAL. FURTHER  
DOCUMENTATION MAY BE REQUESTED.

## TIME OFF REQUEST FORM

EMPLOYEE NAME:

EMPLOYEE PHONE NUMBER:

DATE REQUESTED OFF OR FIRST DAY OF MULTI-DAY REQUEST:

NUMBER OF DAYS NEEDED OFF:

DATE YOU WILL BE RETURNING TO WORK :

TOTAL NUMBER OF WORK HOURS OFF:

### REASON YOU ARE REQUESTING OFF

- |   |   |
|---|---|
| <input type="checkbox"/> DEATH IN FAMILY (SPECIFY RELATIONSHIP BELOW) | <input type="checkbox"/> FAMILY EVENT (SPECIFY BELOW)         |
| <input type="checkbox"/> SICK LEAVE (INCLUDE PHYSICIAN CERTIFICATE)   | <input type="checkbox"/> FAMILY ISSUE (SPECIFY BELOW)         |
| <input type="checkbox"/> JURY DUTY (SPECIFY BELOW)                    | <input type="checkbox"/> APPOINTMENT (SPECIFY BELOW)          |
| <input type="checkbox"/> MILITARY DUTY (SPECIFY BELOW)                | <input type="checkbox"/> WEDDING (SPECIFY RELATIONSHIP BELOW) |
| <input type="checkbox"/> COMP TIME (SPECIFY BELOW)                    | <input type="checkbox"/> SABRES GAME (SPECIFY BELOW)          |
| <input type="checkbox"/> SCHOOL WORK (SPECIFY BELOW)                  | <input type="checkbox"/> CONCERT (SPECIFY BELOW)              |
| <input type="checkbox"/> VACATION (SPECIFY BELOW)                     | <input type="checkbox"/> OTHER (EXPLAIN BELOW)                |

### FURTHER EXPLANATION

(PLEASE INCLUDE HOURS IF YOU ONLY NEED OFF HALF DAY)

I UNDERSTAND THAT I AM NOT GUARANTEED THESE DATES OFF.  
THE TIME OFF WILL BE CONSIDERED TO BE APPROVED WHEN  
THE EMPLOYEE RECEIVES HIS/HER COPY OF THE REQUEST OFF  
FORM WITH THE SUPERVISOR'S SIGNATURE ON IT.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

### SUPERVISOR'S RECOMMENDATION:

- ☐ APPROVED
- ☐ APPROVED WITH FOLLOWING MODIFICATIONS
- ☐ UNAPPROVED FOR FOLLOWING REASON

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

### COMMENTS: