



TIME OFF REQUEST FORM

EMPLOYEE INFORMATION

NAME: _____ POSITION: _____

NUMBER OF WORK DAYS REQUESTED _____ ☐ Paid ☐ Unpaid

STARTING ON: _____ TO: _____

I WILL RETURN TO WORK ON: _____

LOCATION: ☐ PORT ST. LUCIE EAST ☐ PALM BEACH GARDENS
☐ PORT ST. LUCIE WEST ☐ BOYNTON/DELRAY
☐ JUPITER ☐ AVENTURA

TYPE OF REQUEST

- | | |
|---|---|
| <input type="checkbox"/> VACATION | <input type="checkbox"/> FAMILY & MEDICAL LEAVE |
| <input type="checkbox"/> SICK TIME | <input type="checkbox"/> JURY DUTY |
| <input type="checkbox"/> PERSONAL LEAVE | <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 NAME: _____ DATE: _____

APPROVAL

- ☐ APPROVED
☐ REJECTED

SUPERVISOR/MANAGER APPROVAL: _____ DATE: _____