

TIME-OFF REQUEST FORM

EMPLOYEE INFORMATION

Name: _____
(please print)

Today's Date: _____

Number of hours requested: _____

TYPE OF REQUEST

PLEASE APPLY TIME-OFF TO:

____ VACATION ____ SICK TIME ____ COMP TIME ____ JURY DUTY ____ FAMILY/MEDICAL LEAVE

____ BEREAVEMENT/FUNERAL LEAVE (IMMEDIATE FAMILY / MAX OF 3 DAYS PAID)

PLEASE CIRCLE: Spouse, Child, Parent, Sibling, Grandparent, Grandchild, In-Law of same degree

Days & Hours Off Please list the dates, days, and times that you would like to take off.	Date (MM/DD/YY)	Day (e.g. Monday)	Time Off Start	Time Off End

EMPLOYEE CERTIFICATION

- ✓ I understand that time away from work is subject to management approval and company policies.
- ✓ All requests must be submitted in advance, when possible.
- ✓ An employee who uses more than his or her annual vacation hours shall have the overage deducted from the employee's monthly pay. Employees shall be paid only for hours worked or for leave earned.
- ✓ A new employee will receive 40 hours of vacation after a 6 month waiting period, which becomes available the first day of the month immediately following the 6 month waiting period.
- ✓ Accrued vacation expires the last day of the month prior to the employee's anniversary. The policies do not allow for rollover from year to year.
- ✓ Upon approval, request forms should be submitted to HR for posting.

Employee Signature: _____ Date: _____

APPROVED: ____ YES ____ NO

Supervisor/Manager Approval: _____ Date: _____

Payroll Input: _____ Date: _____