

## **STUDENT EMPLOYEE TIME OFF REQUEST FORM**

Your request for time off must be submitted and approved by management in advance.

### **EMPLOYEE INFORMATION**

**NAME:**

**TODAY'S DATE:**

**NUMBER OF DAYS REQUESTED:**

**STARTING ON:**

**ENDING ON:**

**I WILL RETURN TO WORK ON:**

### **TYPE OF REQUEST**

☐ VACATION

☐ LATE

☐ PERSONAL LEAVE

☐ FAMILY AND MEDICAL LEAVE

☐ FUNERAL/BEREAVEMENT LEAVE

☐ TIME OFF TO VOTE

☐ JURY DUTY

☐ OTHER

### **COMMENTS**

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### **EMPLOYEE CERTIFICATION**

I understand that time away from work is subject to management approval and company policies.

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

### **APPROVAL**

APPROVED: ☐ YES ☐ NO

Supervisor/Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_