

TIME OFF REQUEST FORM

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

EMPLOYEE INFORMATION

NAME:

COMPANY:

TODAY'S DATE:

DEPARTMENT:

VACATION DAYS AVAILABLE:

AS OF (DATE):

NUMBER OF DAYS REQUESTED:

STARTING ON:

ENDING ON:

I WILL RETURN TO WORK ON:

TYPE OF REQUEST

☐ VACATION

☐ MILITARY LEAVE

☐ PERSONAL LEAVE

☐ FAMILY AND MEDICAL LEAVE

☐ BEREAVEMENT LEAVE

☐ SICK TIME

☐ JURY DUTY

☐ TIME OFF TO VOTE

COMMENTS

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: _____

Payroll Input: _____ Date: _____