

Request for Time Off

Employee to Complete

Employee Name _____

Department _____ Supervisor _____

<u>Reason</u>	<u>Dates</u>	<u>Number of Days</u>	<u>Number of Hours</u>
<input type="checkbox"/> Vacation	_____	_____	_____
<input type="checkbox"/> Sick	_____	_____	_____
<input type="checkbox"/> Floating Holiday	_____	_____	_____
<input type="checkbox"/> Jury Duty	_____	_____	_____
<input type="checkbox"/> Bereavement	_____	_____	_____
<input type="checkbox"/> Other (explain) _____	_____	_____	_____

Employee Signature _____ Date ____ / ____ / ____

Supervisor/Manager to Complete

Approved _____

Denied _____

Paid _____

Unpaid _____

Authorized Signature _____ Date ____ / ____ / ____

Title _____

Comments _____
