



Time Off Request Form

*Vacation requests must be submitted 2 weeks prior to date requesting off.

Date: _____

Name: _____

Reason: _____

Please indicate which day(s) you would to request off:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date:							
Hours:							

*You may only fill out one time off request per pay period

Returning to Work: ____/____/____

Total Number of Hours Requested: _____ Hours

Number of Hours Requested to be Paid: _____ Hours (upon HR approval)

Please indicate: Vacation Pay Sick Pay

Employee Signature: _____

Approved Denied By: _____

Print Name: _____

Date Approved: _____

For HR Use Only

Number of Available Hours: _____ Vacation _____ Sick

Number of Hours Approved: _____ Vacation _____ Sick