



# Time Off Request Form

Updated 10/2014

## EMPLOYEE INFORMATION

NAME: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

DATES REQUESTED TIME OFF: \_\_\_\_\_

TOTAL NUMBER OF HOURS REQUESTED: \_\_\_\_\_

*I understand that time away from work is subject to management approval, unless it is an FMLA request*

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

## TYPE OF REQUEST

VACATION

MILITARY LEAVE

PERSONAL LEAVE

FAMILY AND MEDICAL LEAVE

COMPENSATORY TIME

*Employee must complete FMLA paper work with HR prior to the absence, unless it is a medical emergency*

BEREAVEMENT LEAVE

SICK TIME

JURY DUTY

*Typically applies to matters such as requesting time off for one day medical procedure; extended doctors appointment;*

TIME OFF WITHOUT PAY  
*Requires Elected Official Approval*

PERSONAL DAY

## COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPROVAL

APPROVED:  YES  NO

*Note: FMLA approval is based upon the medical certification and HR review*

Supervisor/Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elected Official/Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_