



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

☐ PERSONAL DAY

Requires Elected Official Approval

COMMENTS

APPROVAL

APPROVED: ☐ YES ☐ NO

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

Supervisor/Manager Signature: _____ Date: _____

Elected Official/Department Head Signature: _____ Date: _____