

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

- | | |
|--|---|
| <input type="checkbox"/> VACATION | <input type="checkbox"/> MILITARY LEAVE |
| <input type="checkbox"/> PERSONAL LEAVE | <input type="checkbox"/> FAMILY AND MEDICAL LEAVE |
| <input type="checkbox"/> BEREAVEMENT LEAVE | <input type="checkbox"/> SICK TIME |
| <input type="checkbox"/> JURY DUTY | <input type="checkbox"/> 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: _____