

REQUEST FOR TIME OFF

EMPLOYEE	REVIEWED BY
NAME	NAME
POSITION	POSITION
DATE SUBMITTED	DATE REVIEWED

DATES REQUESTED OFF		
FIRST DAY OFF	RETURN TO WORK	# OF WORK DAYS

TYPE OF REQUEST			
	Vacation		Appointment (doctor, dentist, etc)
	Personal holiday		Bereavement/Funeral leave
	Sick time		Leave of absence
	FMLA time		Compensated days
	Jury duty		Leave without pay
	Military leave		Other – Explain:

EMPLOYEE COMMENTS

STATUS OF TIME OFF REQUEST	
	APPROVED
	NOT APPROVED (See reason in comments below)
	MODIFIED REQUEST APPROVED (See explanation in comments below)

SUPERVISOR COMMENTS