



Time Off Request Form

Name:	_____	Department:	_____
Date:	_____		
Number of Days Requesting:	_____		
Starting on:	_____	Ending On:	_____
I will return to work on:	_____		

Type of Request

<input type="checkbox"/> Vacation	Current Balance:	_____
<input type="checkbox"/> Sick	Current Balance:	_____
<input type="checkbox"/> Jury Duty	<input type="checkbox"/> Leave Without Pay	
<input type="checkbox"/> Military Leave	<input type="checkbox"/> FMLA	
<input type="checkbox"/> Bereavement Leave		

Employee Certification

I understand that time away from work is subject to management approval and company policies.

Employee Signature: _____ Date _____

Approval

Approved: ☐ Yes ☐ No

Manager Approval: _____ Date _____

Payroll Input: _____ Date _____