TIME OFF REQUEST

EMPLOYEE

Name _____ Employee ID _____

Department _____ Supervisor _____

Date of request _____

TYPE OF TIME OFF

☐ Vacation ☐ Sick leave ☐ Personal day ☐ Bereavement ☐ Jury duty

☐ Unpaid leave Other: _____

DATES REQUESTED

First day off _____ Last day off _____

Back at work on _____ Total days or hours _____

Part day (times) _____

REASON OR NOTES (OPTIONAL)

_____

_____

_____

_____ _____

Employee's signature Date

FOR THE SUPERVISOR OR HR

☐ Approved ☐ Not approved

Recorded as _____ Balance after _____

Comments

_____

_____ _____

Supervisor's signature Date