



TIME OFF REQUEST FORM

Your request for time off must be submitted and approved by management in advance.

EMPLOYEE INFORMATION

NAME:

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: _____