



## EMPLOYEE TIME OFF REQUEST

(All time off should be scheduled as early as possible. Exceptions may include illness or emergency.)

(Please Print)

Employee: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Location: \_\_\_\_\_

### DATES REQUESTING OFF:

**Start Date:** \_\_\_\_\_

**Through Date:** \_\_\_\_\_

**Date Return to Work:** \_\_\_\_\_

|   | Available | Days  | Hours |
|---|-----------|-------|-------|
| <input type="checkbox"/> <b>Paid Time Off Request:</b>      |           |       |       |
| Vacation:   | _____     | _____ | _____ |
| Sick:   | _____     | _____ | _____ |
| _____ Bereavement:  | _____     | _____ | _____ |
| (Relationship)  |           |       |       |
| <br><input type="checkbox"/> <b>Other Time Off Request:</b> |           |       |       |
| Floating Holiday:   | _____     | _____ | _____ |
| Jury Duty:  | _____     | _____ | _____ |
| Military/Military Spouse:                                   | _____     | _____ | _____ |
| Disability:   | _____     | _____ | _____ |
| Vacation:   | _____     | _____ | _____ |
| Sick:   | _____     | _____ | _____ |
| Vacation Cash Out:  | _____     | _____ | _____ |

Please select this box to acknowledge the time off request above will be unpaid personal time off.

**Totals:** \_\_\_\_\_

Please Explain: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Approve: Notes: \_\_\_\_\_

Disapprove: Notes: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date