

EMPLOYEE TIME OFF REQUEST

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

mployee:	Date Submitt		
cation:			
Ε	DATES REQUE	STING OFF:	
Start Date:	-	Through Da	te:
Date Ro	eturn to Work:		
	Available	Days	Hours
☐ Paid Time Off Request:		•	
Sick:			
Bereavement:			
(Relationship)			
☐ Other Time Off Request:			
Floating Holiday:			
Jury Duty:		-	
Military/Military Spouse:			
Disability:			
Vacation:			
Sick:			
Vacation Cash Out:			
Please select this box to acknowled	dae the time off re	guest above will b	e unpaid personal time of
	Totals:		
ease Explain:			
			 -
Employee S	Employee Signature		
,p, 500 0	J 12.12.1. 9	Date	
Approve: Notes:			
Disapprove: Notes:			
Supervisor S	Signature	Date	