

# TIME OFF REQUEST

**PLEASE CIRCLE ONE**

**VACATION/PERSONAL HOLIDAY/SICK LEAVE/FMLA/LEAVE  
W/O PAY/SUMMER LEAVE/OTHER (identify below)**

**OTHER :**

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**NAME:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**TOTAL NUMBER OF DAYS REQUESTED:** \_\_\_\_\_

**Beginning Date:** \_\_\_\_\_

**Return to work:** \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday

**APPROVED:** \_\_\_\_\_

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