



Updated 01/14/16

TIME OFF REQUEST FORM

EMPLOYEE INFORMATION

NAME: _____

TODAY'S DATE: _____ DEPARTMENT: _____

DATES REQUESTED TIME OFF: _____

TOTAL NUMBER OF HOURS REQUESTED: _____

I understand that time away from work is subject to management approval.

Employee Signature: _____ Date: _____

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"/> COMPENSATORY TIME |
| <input type="checkbox"/> TIME OFF WITHOUT PAY | <input type="checkbox"/> PERSONAL DAY |
| <input type="checkbox"/> Other: _____ | |

COMMENTS

APPROVAL

APPROVED: ☐ YES ☐ NO

Supervisor/Manager Signature: _____ Date: _____

Elected Official/Department Head Signature: _____ Date: _____