

TIME OFF REQUEST FORM

EMPLOYEE NAME: _____ EMPLOYEE ID: _____

DATE OF REQUEST: _____

DATE(S) OF PTO: _____

☐ Half Day (4 hours)

☐ Full Day (8 hours)

TOTAL NUMBER OF HOURS REQUESTED: _____

REASON FOR TIME OFF:

☐ Vacation

☐ Voting Leave

☐ PTO

☐ Sick

☐ Family/Medical Leave

☐ Leave of Absence

☐ Bereavement

☐ Military Leave

☐ Other: _____

EXPLANATION (optional): _____
