

Time Off Request Form

YOUR REQUEST FOR TIME OFF SHOULD BE SUBMITTED, SCHEDULED, AND APPROVED BY MANAGEMENT IN ADVANCE. VACATION NORMALLY REQUIRES 2 WEEKS ADVANCE NOTICE.

Employee Information

Name _____ Employee ID: _____

Date Request Submitted: _____ Department _____

Total number of Days or Hours Requested _____ Days _____ Hours (check one)

Beginning Date _____ Ending Date _____ Expected return to work date _____

Type of Leave Requested

____ Vacation

____ Military

____ Sick Leave

____ Bereavement Leave

____ Time off to vote

____ Jury Duty

____ Personal Leave of Absence (explain below) _____ Other

Additional Information (if needed)

Employee Acknowledgement

I understand that this a request for leave. Approval is subject to eligibility verification and supervisory approval. Leave must be requested and taken in accordance with company policies. I further understand that if I do not have the hours available, I will not be paid for the absence.

Employee signature: _____ Date: _____

Approvals

Management Approval ____ Yes ____ No Supervisor name: (print) _____
Supervisor Signature _____

Eligibility verified by HR ____ Yes ____ No HR Manager (print) _____ Date _____

To payroll date: _____ Processed by payroll date: _____