

TIME OFF REQUEST

GENERAL INFORMATION

UNIT NO. _____

HIRE/REHIRE DATE _____

EMPLOYEE NO. _____

EMPLOYEE NAME (First, Middle Initial, Last) _____

POSITION _____

HOME ADDRESS (Street, City, State) _____

ZIP CODE _____

HOME NUMBER _____

START DATE _____ RETURN DATE _____ LAST DAY TO BE WORKED _____

☐ MEDICAL

☐ PREGNANCY DISABILITY LEAVE

☐ FAMILY CARE LEAVE

☐ JURY DUTY

☐ PERSONAL LEAVE

☐ MILITARY LEAVE

☐ VACATION

☐ OTHER: _____

☐ WORKERS' COMP LEAVE (Date of Injury: _____)

IF AVAILABLE AND QUALIFIED WILL YOU USE ANY PAID TIME OFF: YES / NO

IF SO HOW MANY DAYS DO YOU HAVE AVAILABLE? _____

HOW MANY WILL YOU USE? _____

TOTAL NUMBER OF DAYS TO BE TAKEN: _____

I am requesting a Leave of Absence as noted above and I understand that I may be liable for part or all of my company insurance premiums, if applicable. I understand that failure to report to my supervisor prior to the end of my LOA will be considered a voluntary resignation.

DATE _____

EMPLOYEE SIGNATURE _____

APPROVAL: _____

IMMEDIATE SUPERVISOR

DATE

NOTE: Absence/Vacations are not authorized until all signatures have been obtained