ORB Architecture Time Off Request Form

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| **Employee Information** |
| **Name: Date**: **Number of Days Requested: Starting on**: **Ending On**: **Return to Work Date:**  **Who will need to be notified \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Request Type** |
| **Paid Time Off (PTO) Time Off without Pay**  **Funeral / Bereavement Other (please specify)** |
| **Fill Out This Section if You Are Mixing Paid and Unpaid Time** |
| **Vacation/PTO Time to Be Used: Unpaid Time to be Taken:** |
| **Signatures** |
| **Time off Request Approved: YES NO**    **Employee Signature: Date**:  **Manager Signature: Date**: |

**Notes:**