

# Request for Time Off

## Employee to Complete

Employee Name \_\_\_\_\_

Department \_\_\_\_\_ Supervisor \_\_\_\_\_

**Reason**

**Dates**

**Number of Days**

**Number of Hours**

☐ Vacation

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Sick

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Floating Holiday

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Jury Duty

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Bereavement

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Other (explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Supervisor/Manager to Complete

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Paid \_\_\_\_\_

Unpaid \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Title \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_