

Request for Time Off



Employee Instructions: This form is to be completed by the employee to request time off. Submit the completed form to your Manager or Company Human Resources Representative.

TriNet
1100 San Leandro Blvd.
San Leandro, CA 94577
Phone: (510)352-5000
Fax: (510)352-6480

Employee Data

LEGAL NAME as shown on the employee's Social Security Card (Required)				TRINET EMPLOYEE ID or Social Security Number		
Last	untitled0	First	untitled1	Middle	untitled2	untitled3
COMPLETE HOME ADDRESS: include PO Box, Apt. #, Etc. (Required)				City	State	Zip Code
Street		N/A		N/A	N/A	N/A
WORK TELEPHONE NUMBER		EMAIL ADDRESS		COMPANY NAME		
N/A		N/A		Renewable Funding		

I am requesting time off from work beginning untitled4 and ending untitled5 for a total of untitled hours as indicated below.

Reason for Time Off

<input checked="" type="checkbox"/> Vacation	<input checked="" type="checkbox"/> Short term duration illness or accident	<input checked="" type="checkbox"/> Personal
<input checked="" type="checkbox"/> Jury Duty *	<input checked="" type="checkbox"/> Bereavement	<input checked="" type="checkbox"/> Other

Type of Pay Requested

<input checked="" type="checkbox"/> Paid Time Off (PTO)	Hours <u>untitled:</u>	<input checked="" type="checkbox"/> Sick (less than 7 calendar days) **	Hours <u>untitled:</u>
<input checked="" type="checkbox"/> Vacation	Hours <u>untitled:</u>	<input checked="" type="checkbox"/> Leave without Pay (less than 7 calendar days)	Hours <u>untitled:</u>
<input checked="" type="checkbox"/> Floating Holiday	Hours <u>untitled:</u>	<input checked="" type="checkbox"/> Paid Leave	Hours <u>untitled:</u>
<input checked="" type="checkbox"/> Other: <u>untitled24</u>	Hours <u>untitled:</u>		

*Supporting documents for time off requests for Jury Duty must be attached.

** If the requested time off exceeds 7 days of Sick Leave or Leave without Pay, please complete the Extended Leave of Absence Request that can be found under HR Passport>My Benefits>Paper Forms.

In requesting the time off, I understand the following:

- I must provide advance notice when my absence is foreseeable. The Company will allow me the time off during the date(s) requested when it is operationally feasible or is required by law. The Company may deny my request based on the needs of the organization.
- I understand that if I take Paid Time Off which has not yet been earned or accrued, that it will be considered advanced wages. As such, upon termination, I will be obligated to repay any outstanding advanced wages.
- I will provide medical certification from my attending physician if my leave exceeds three (3) work days due to medical reasons.
- If I fail to report for work as scheduled for three (3) consecutive days at the end of my approved Time Off as indicated above, I will be considered to have abandoned my job and voluntarily resigned.

EMPLOYEE SIGNATURE	DATE
untitled28	untitled29

Company Statement: (To be completed by the employee's Manager or Company HR Representative). **This form is for your Company's internal use. Hours approved and taken must be submitted online via HR Passport. This form should not be submitted to TriNet.**

This request for time off has been: <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied		
PRINTED NAME and TITLE	SIGNATURE	DATE
untitled31	untitled32	untitled33