

# 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	First	Middle		
COMPLETE HOME ADDRESS: include PO Box, Apt. #, Etc. (Required)			City	State
Street				Zip Code
N/A	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 \_\_\_\_\_ and ending \_\_\_\_\_ for a total of \_\_\_\_\_ hours as indicated below.

## Reason for Time Off

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

## Type of Pay Requested

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

\*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

**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 type="checkbox"/> Approved <input type="checkbox"/> Denied		
PRINTED NAME and TITLE	SIGNATURE	DATE