



Request for Time Off

Employee Full Name : _____ Shift: _____

Rank: _____ Company assignment: _____ Date: _____

Type of leave Request:

Paid time off leave

Short-Term Leave of Absence

Military leave

Funeral

Jury Duty / Subpoenas

Pay in Lieu of Leave

Emergency leave

Comp time leave

Nature of Emergency

Family Medical Leave

Dates of requested Leave: (workday(s) / shift day(s) only):

Date & Shift

Date & Shift

Date & Shift

Date & Shift

Date & Shift

Date & Shift

Date & Shift

Date & Shift

Employee Signature: _____

Request Approval:

Manager Full Name: _____

Request Approved / Denied: _____

Comments: _____

Manager Signature: _____