

**Request for Time Off**

Employee’s Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requests time off during regular office hours on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If this time off is granted, I request that:

( ) The time is charged against Vacation accrual

( ) The time is charged as my Personal Choice Holiday

( ) Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature

**IT IS EACH EMPLOYEE’S RESPONSIBILITY TO REVIEW THEIR TIMECARD ON LINE TO DETERMINE IF THEY WILL HAVE SUFFICIENT TIME ACCRUED TO COVER THEIR TIME OFF REQUESTS!**

**(AFTER SIGNING SUBMIT FORM TO YOUR IMMEDIATE SUPERVISOR FOR APPROVAL)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(MANAGER TO COMPLETE THIS SECTION)**

( ) Approved

( ) Disapproved

Managers: If available, is float coverage being requested? \_\_\_\_\_ Yes \_\_\_\_\_ No

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Manager’s Signature

**(MANAGERS, PLEASE FORWARD THE ORIGINAL COMPLETED FORM TO PAT COMPAGLIA AND RETAIN ONE COPY FOR YOUR INFORMATION)**

**Modified 11/18/2013**