



# TIME OFF Request Form

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## EMPLOYEE INFORMATION

Employee name: \_\_\_\_\_

Department: \_\_\_\_\_

## TIME OF REQUEST

Start Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

# Days: \_\_\_\_\_ Hours: \_\_\_\_\_

## TYPE OF REQUEST

☐ Vacation

☐ Off Without Pay

☐ Sick Time

☐ Other \_\_\_\_\_

## COMMENTS

\_\_\_\_\_

## APPROVAL

☐ Approved ☐ Rejected

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
**Luis Padilla**  
CEO Signature