



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