



## TIME OFF REQUEST FORM

Name: \_\_\_\_\_ Circle One: Exempt / Non-Exempt Date: \_\_\_\_\_

### SCHEDULED TIME OFF

Date(s) Requested: \_\_\_\_\_ to \_\_\_\_\_ Total Days: \_\_\_\_\_ Total # Hours: \_\_\_\_\_

Purpose: Vacation \_\_\_\_\_ Sick \_\_\_\_\_ Personal \_\_\_\_\_ Volunteer \_\_\_\_\_ Bereavement \_\_\_\_\_ Vote \_\_\_\_\_  
Jury Duty\* \_\_\_\_\_ Unpaid Time Off\* \_\_\_\_\_ Leave of Absence\* \_\_\_\_\_ (\*Unpaid)

Comments: \_\_\_\_\_

**Note:** Per Company Policy, your supervisor may deny your request at his/her discretion if granting the request will negatively impact the business needs of your department. When possible, follow your department's specific lead time requirements for all requests.

**Disclaimer:** Your supervisor may request proof of available hours (obtained from your ADP Pay Statement). All requests are verified by P/R before they are processed in the correct payroll period to ensure hours are available. Any time off that cannot be covered by accrued hours will be considered UNPAID.

### UNSCHEDULED ABSENCE

Date(s) Out: \_\_\_\_\_ to \_\_\_\_\_ Total Days: \_\_\_\_\_ Total # Hours: \_\_\_\_\_

Reason: Sick \_\_\_\_\_ Bereavement \_\_\_\_\_ Other: \_\_\_\_\_

Called In: Yes \_\_\_\_\_ No \_\_\_\_\_ Absence Paid: Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

**PLEASE NOTIFY H.R. IMMEDIATELY IF THIS ABSENCE IS WORKER'S COMP RELATED OR RESULTS IN A L.O.A.**

Please submit this form to your supervisor immediately upon your return from an unscheduled absence to ensure it is processed in the correct pay period.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Supervisor Proc Instructions:** For hourly employees, retain request(s) until pay period(s) to be processed, enter requested day in TimeClock Manager and forward requests to the P/R Dept.  
For salaried employees, forward all approved requests directly to the P/R Dept.

### PAYROLL USE ONLY

Date Rec'd: \_\_\_\_\_ / Hours Avail: Yes \_\_\_\_\_ No \_\_\_\_\_ # Hrs Avail \_\_\_\_\_ / ADP Pstd Date: \_\_\_\_\_ By: \_\_\_\_\_