Request for Time Off

Please complete and return this form to your supervisor. You must submit requests for absences, other than sick leave, <# of days> prior to the first day you will be absent.

|  |  |
| --- | --- |
| Employee Name |  |
| Today’s Date |  |
| Department |  |
| Supervisor |  |
| Dates of Absence |  |
| Time (for partial day) | Leave at: Return at: |

**Type of Absence Requested:**

Vacation

Sick

Jury Duty

Other (please specify):

Time Off Without Pay

Reason for Absence

Employee Signature:

Date:

Manager Approval  Approved  Denied

Comments:

Manager Signature:

Date: