

# Request for Time Off

## Employee to Complete

Employee Name \_\_\_\_\_

Department \_\_\_\_\_ Supervisor \_\_\_\_\_

<u>Reason</u>	<u>Dates</u>	<u>Number of Days</u>	<u>Number of Hours</u>
<input type="checkbox"/> Vacation	_____	_____	_____
<input type="checkbox"/> Sick	_____	_____	_____
<input type="checkbox"/> Floating Holiday	_____	_____	_____
<input type="checkbox"/> Jury Duty	_____	_____	_____
<input type="checkbox"/> Bereavement	_____	_____	_____
<input type="checkbox"/> Other (explain) _____	_____	_____	_____

Employee Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Supervisor/Manager to Complete

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Paid \_\_\_\_\_

Unpaid \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Title \_\_\_\_\_

Comments \_\_\_\_\_

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