



## TIME OFF REQUEST FORM

### EMPLOYEE INFORMATION

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

POSITION: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

DATES REQUESTED TIME OFF: \_\_\_\_\_

TOTAL NUMBER OF HOURS REQUESTED: \_\_\_\_\_

I understand that time away from work is subject to management approval.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TYPE OF REQUEST

- |   |   |
|---|---|
| <input type="checkbox"/> VACATION             | <input type="checkbox"/> MILITARY LEAVE           |
| <input type="checkbox"/> JURY DUTY            | <input type="checkbox"/> FAMILY AND MEDICAL LEAVE |
| <input type="checkbox"/> BEREAVEMENT LEAVE    | <input type="checkbox"/> SICK TIME                |
| <input type="checkbox"/> TIME OFF WITHOUT PAY | <input type="checkbox"/> PERSONAL DAY             |
| <input type="checkbox"/> Other: _____         |   |

### COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### APPROVAL

APPROVED:     YES     NO

Supervisor/Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elected Official/Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_