

# TIME OFF REQUEST FORM

## EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Department and Position: \_\_\_\_\_

## TIME OFF REQUESTED

Total Days Off: \_\_\_\_\_ Total Hours Off: \_\_\_\_\_

Beginning On: \_\_\_\_\_ Ending On: \_\_\_\_\_

Type of Leave:

- Vacation
- Personal Leave
- Sick Leave
- To Vote
- Family Leave
- Funeral/Bereavement
- Jury Duty
- Other: \_\_\_\_\_

Employee Comments:

I understand that this request is subject to approval by my employer.

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

## SUPERVISOR INFORMATION

Supervisor Name: \_\_\_\_\_

- Time Off Approved
- Time Off Denied

Supervisor Comments:

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_