



# SIMMONS

COLLEGE OF KENTUCKY

## TIME OFF REQUEST FORM

YOUR REQUEST FOR TIME OFF SHOULD BE SUBMITTED, SCHEDULED, AND APPROVED BY MANAGEMENT IN ADVANCE.  
VACATION NORMALLY REQUIRES 2 WEEKS ADVANCE NOTICE.

### EMPLOYEE INFORMATION

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

Today's Date: \_\_\_\_\_ Department: \_\_\_\_\_

Total Number of Days or Hours Requested: \_\_\_\_\_ Days \_\_\_\_\_ Hours (Check one)

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Return to Work Date: \_\_\_\_\_

### TYPE OF REQUEST

- |   |  |
|---|--|
| <input type="checkbox"/> Paid Time Off            | <input type="checkbox"/> Jury Duty                     |
| <input type="checkbox"/> Military Leave           | <input type="checkbox"/> Bereavement                   |
| <input type="checkbox"/> Family and Medical Leave | <input type="checkbox"/> Personal Leave without pay    |
| <input type="checkbox"/>                          | <input type="checkbox"/> Other (please describe below) |

### ADDITIONAL INFORMATION (IF NEEDED)

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

I understand that time away from work is subject to management approval and company policies. I further understand that if I do not have the hours available, I will not be paid for the absence.

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

Approved:  Yes  No

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

<b>TO BE COMPLETED BY PAYROLL OFFICE</b>	Remaining Benefit Hours:	Vacation	Sick	Floating
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