

# 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: \_\_\_\_\_

Date Request Submitted: \_\_\_\_\_ Department \_\_\_\_\_

Total number of Days or Hours Requested \_\_\_\_\_ Days \_\_\_\_\_ Hours (check one)

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_ Expected return to work date \_\_\_\_\_

## Type of Leave Requested

Vacation

Military

Sick Leave

Bereavement Leave

Time off to vote

Jury Duty

Personal Leave of Absence (explain below)  Other

## Additional Information (if needed)

## Employee Acknowledgement

I understand that this a request for leave. Approval is subject to eligibility verification and supervisory approval. Leave must be requested and taken in accordance with 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: \_\_\_\_\_

## Approvals

Management Approval  Yes  No Supervisor name: (print) \_\_\_\_\_  
Supervisor Signature \_\_\_\_\_

Eligibility verified by HR  Yes  No HR Manager (print) \_\_\_\_\_ Date \_\_\_\_\_

To payroll date: \_\_\_\_\_ Processed by payroll date: \_\_\_\_\_