



TIME OFF REQUEST FORM

EMPLOYEE NAME: _____

DATE OF REQUEST: _____

DATE(S): _____

Half Day (4 hours)

Full Day (8 hours)

TOTAL NUMBER OF HOURS REQUESTED: _____

REASON FOR TIME OFF:

Vacation

Voting Leave

PTO

Sick

Family/Medical Leave

Leave of Absence

Bereavement

Military Leave

Other: _____

EXPLANATION (optional): _____

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR APPROVAL SIGNATURE: _____

DATE: _____