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|  | **TIME OFF REQUEST FORM** |

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| **Employee Information** | | | |
| First Name : | |  | | --- | |  | | Last Name : | |  | | --- | |  | |
| Start Date : | |  | | --- | |  | | End Date : | |  | | --- | |  | |
| No. of Days : | |  | | --- | |  | | Department : | |  | | --- | | Select Department | |
|  | | | |
| **I understand that time away from work is subject to management approval.** | | | |
| Signature : | |  | | --- | |  | | | Date : 03/24/2019 |

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| **Reason for Time off Request** | |
| PTO | Jury Duty |
| Sick Leave | Military Leave |
| Maternity/Paternity Leave | Without Pay |
| Family and Medical Leave | Sabbatical |
| Bereavement Leave | Compensatory Leave |
| |  | | --- | |  |   Other : | |

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| **Comments** |
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| **Approval Section** | |
| Approval :  Yes  No | |
| Comments:   |  | | --- | |  | |  | |  | | |
| |  | | --- | |  |   Manager Signature: | Date : 03/24/2019 |