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|  | **TIME OFF REQUEST FORM** |

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| **Employee Information** |
| First Name : |

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 | Last Name : |

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 |
| Start Date : |

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| --- |
|  |

 | End Date : |

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 |
| No. of Days : |

|  |
| --- |
|  |

 | Department : |

|  |
| --- |
| Select Department |

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|  |
| **I understand that time away from work is subject to management approval.** |
| Signature :  |

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 | 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 |
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|  |

Other :  |

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| --- |
| **Comments** |
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| **Approval Section**  |
| Approval : [ ]  Yes [ ]  No |
| Comments:

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Manager Signature: | Date : 03/24/2019 |