



Updated 01/14/16

## TIME OFF REQUEST FORM

### EMPLOYEE INFORMATION

NAME: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

DATES REQUESTED TIME OFF: \_\_\_\_\_

TOTAL NUMBER OF HOURS REQUESTED: \_\_\_\_\_

I understand that time away from work is subject to management approval.

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

### TYPE OF REQUEST

VACATION

MILITARY LEAVE

PERSONAL LEAVE

FAMILY AND MEDICAL LEAVE

BEREAVEMENT LEAVE

SICK TIME

JURY DUTY

COMPENSATORY TIME

TIME OFF WITHOUT PAY

PERSONAL DAY

Other: \_\_\_\_\_

### COMMENTS

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

### APPROVAL

APPROVED:  YES  NO

Supervisor/Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elected Official/Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_