

Request for Time Off

Name: _____ Date: _____

Department: _____

Vacation Time: _____ Personal Time: _____ Other: _____

Supervisor's Name: _____ Title: _____

Requested Date(s) Off: _____

Signature of Employee: _____

Request Approved By: _____ Request Denied By: _____

Title: _____

Reason for Approval or Denial: _____

Supervisor's Signature: _____ Title: _____

For office use only:

☐ Paid Absences

☐ Personal

☐ Hours Used

Payroll Department

☐ Unpaid Absences

☐ Vacation

☐ Sick

☐ Other