

# TIME OFF REQUEST FORM

All requests will be acknowledged within 72 business hours.

Today's Date: \_\_\_\_\_

## **EMPLOYEE INFORMATION:**

Full Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

## **TIME OFF DETAILS:**

Vacation (PTO)

Bereavement

Jury Duty

Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_

Partial Day Request?  Yes  No If yes, specify hours: \_\_\_\_\_

Total Hours Requested: \_\_\_\_\_

Reason for Leave (Optional):

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

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

## **MANAGER/SUPERVISOR ACTION ONLY:**

Approved  Denied

Comments (Optional):

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

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_