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# TIME OFF REQUEST

| EMPLOYEE | EMPLOYEE ID | DEPARTMENT | DATE OF REQUEST |
|---|---|---|---|
| | | | |

## TYPE OF LEAVE

- ❑ Vacation / PTO
- ❑ Sick
- ❑ Jury / witness duty
- ❑ Unpaid
- ❑ Personal
- ❑ Bereavement
- ❑ Military
- ❑ FMLA / medical leave

First day off _____ Last day off _____ Back at work _____

## Hours

| Balance before | Hours requested | Balance after |
|---|---|---|
| | | |

REASON (OPTIONAL) AND WORK COVERAGE WHILE AWAY

_____

_____

_____

_____

_____

_____ _____

Employee signature Date

## Manager

- ❑ Approved
- ❑ Approved with changes
- ❑ Denied

CHANGES OR REASON FOR DENIAL

_____

_____

_____

_____

_____ _____ _____

Manager signature Date Entered in payroll / calendar