

## EMPLOYEE TIME-OFF REQUEST FORM

### EMPLOYEE INFORMATION AND TYPE OF REQUEST

Employee Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

I would like \_\_\_\_\_ hours off, starting on \_\_\_\_/\_\_\_\_/\_\_\_\_ and ending on \_\_\_\_/\_\_\_\_/\_\_\_\_.

I would return to work on \_\_\_\_/\_\_\_\_/\_\_\_\_.

#### Type of Absence Requested:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Personal illness / Medical appt.  | <input type="checkbox"/> Vacation       | <input type="checkbox"/> Funeral / Bereavement | <input type="checkbox"/> Military leave |
| <input type="checkbox"/> Family and medical leave          | <input type="checkbox"/> Personal leave | <input type="checkbox"/> Maternity/Paternity   | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Illness / Medical appt. in family | <input type="checkbox"/> Jury Duty      | <input type="checkbox"/> Time Off Without Pay  |   |

- ✓ I understand that time away from work is subject to management approval and company policies.
- ✓ We would like to grant all vacations and personal leave; however we reserve the right to deny any request in accordance to business needs.
- ✓ All requests must be submitted 2 weeks in advance and 30 days for vacations of the days requested off.
- ✓ Approval is granted after being signed by your direct supervisor.
- ✓ Upon approval, request forms will remain in employee personal file.
- ✓ Emergency time-off will be handled on a case by case scenario.

**Employee Signature**

**Date**

### MANAGER APPROVAL

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Time off granted as vacation leave. | <input type="checkbox"/> Time off granted without pay. | <input type="checkbox"/> Time off not granted. |
| <input type="checkbox"/> Time off granted as sick leave.     | <input type="checkbox"/> Time off granted with pay.    |  |

Comments: \_\_\_\_\_

**Supervisors / Managers Signature**

**Date**

**Printed Name**

**Date**