



## TIME OFF REQUEST FORM

*Your request for time off must be submitted and approved by management in advance.*

<b>NAME</b>		<b>TODAY'S DATE ( MM/DD/YYYY )</b>
		/ /
<b>VACATION DAYS AVAILABLE</b>		<b>AS OF DATE ( MM/DD/YYYY )</b>
		/ /
<b>NUMBER OF DAYS REQUESTED</b>	<b>STARTING ON ( MM/DD/YYYY )</b>	<b>ENDING ON ( MM/DD/YYYY )</b>
	/ /	/ /
<b>I WILL RETURN TO WORK ON ( MM/DD/YYYY )</b>		<b>DEPARTMENT</b>
/ /		

REQUEST TYPE			
	VACATION		MILITARY LEAVE
	PERSONAL LEAVE		FAMILY & MEDICAL LEAVE
	BEREAVEMENT LEAVE		SICK TIME
	JURY DUTY		TIME OFF TO VOTE

COMMENTS

**EMPLOYEE CERTIFICATION:** *I understand that time away from work is subject to management approval and company policies.*

<b>EMPLOYEE SIGNATURE</b>	<b>DATE ( MM/DD/YYYY )</b>

<b>SUPERVISOR/MANAGER SIGNATURE</b>	<b>DATE ( MM/DD/YYYY )</b>
<b>PRINTED NAME</b>	<b>TITLE</b>
	<b>YES      NO</b>
<b>NOTES</b>	<b>APPROVAL</b>