

## Request for Time Off

***Your request for time off should be submitted, scheduled, and approved by management in advance. Vacation normally requires 2 weeks in advance notice.***

### **EMPLOYEE INFORMATION**

Name: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Department: \_\_\_\_\_

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

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

### **TYPE OF REQUEST**

State the number of hours you wish to use in one of the categories listed below.

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Vacation               | <input type="checkbox"/> Sick Leave  |
| <input type="checkbox"/> Floating Holiday       | <input type="checkbox"/> Jury Duty   |
| <input type="checkbox"/> Military Leave         | <input type="checkbox"/> Bereavement |
| <input type="checkbox"/> Personal Leave W/O Pay | <input type="checkbox"/> Other       |

### **COMMENTS**

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

I understand that time away from work is subject to management approval and company policies. I further understand that if I do not have the hours available, I will not be paid for the absence.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved:   Yes   No

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

### **TO BE COMPLETED BY HR**

Remaining Benefit Hours:   \_\_\_\_\_   Vacation Hours