



TIME OFF REQUEST



(Must Obtain Prior Approval)

EMPLOYEE NAME: _____

SUBMITTED TO SUPERVISOR: _____



PTO: Total HOURS requesting off: _____ Hours

List ALL Dates requesting off: _____

ILLNESS: Total HOURS requesting off: _____ Hours

Reason: _____

List ALL Dates requesting off: _____



OTHER:

FUNERAL: Total HOURS requesting off: _____ Hours



List ALL Dates requesting off: _____

JURY DUTY: Total HOURS requesting off: _____ Hours



List ALL Dates requesting off: _____

NO PAY: Total HOURS requesting off: _____ Hours

List ALL Dates requesting off: _____

Total HOURS requesting off: _____ Hours

******* OFFICE USE ONLY *******

Total PAID TIME OFF: _____ Hours

Total TIME OFF WITHOUT PAY: _____ Hours

Approved by: _____

Date: _____

NOT Approved by: _____

Date: _____

Comments: _____

(Supervisor: Make sure this time is documented on employee approved timecard)