



Surpassing Expectations

TIME-OFF REQUEST FORM

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

EMPLOYEE INFORMATION

NAME: _____
(PRINT PLEASE)

TODAY'S DATE: _____

NUMBER OF DAYS REQUESTED: _____

STARTING ON: _____ ENDING ON: _____

I WILL BE RETURNING TO WORK ON: _____

TYPE OF REQUEST

I WILL CODE MY TIME-OFF TO:

___ VACATION ___ SICK TIME ___ UNPAID

IF YOU ARE OUT OF THE OFFICE FOR MORE THAN 1/2 OF A WORK DAY, PLEASE SELECT HOW YOU WISH TO BE COMPENSATED.

___ JURY DUTY

___ BEREAVEMENT/FUNERAL LEAVE (IMMEDIATE FAMILY / MAX OF 3 DAYS PAID)

PLEASE CIRCLE:
Mother, Father, Spouse, Brother, Sister, Child, Grandfather, Grandmother, Mother-In-Law, Father-In-Law

___ FAMILY/MEDICAL LEAVE

EMPLOYEE CERTIFICATION

- ✓ 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 be returned to the employee.
- ✓ Emergency time-off will be handled on a case by case scenario.

Employee Signature: _____ **Date:** _____

APPROVAL

APPROVED: ___ YES ___ NO REMAINING DAYS AVAIABLE: ___ V ___ S

Supervisor/Manager Approval: _____ Date: _____

Payroll Input: _____ Date: _____