Time Off Request Form

EMPLOYEE INFORMATION

NAME: _____

TODAY'S DATE: _____

DEPARTMENT: _____

VACATION DAYS AVAILABLE: _____

AS OF *(DATE):* _____

NUMBER OF DAYS REQUESTED: _____

STARTING ON: _____

ENDING ON: _____

I WILL RETURN TO WORK ON: _____

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TYPE OF REQUEST

☐ **VACATION** ☐ **PERSONAL LEAVE** ☐ **BEREAVEMENT LEAVE**

☐ **JURY DUTY** ☐ **MILITARY LEAVE** ☐ **FAMILY AND MEDICAL LEAVE**

☐ **SICK TIME** ☐ **TIME OFF TO VOTE** ☐ **OTHER _____**

COMMENTS _____

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EMPLOYEE CERTIFICATION

I understand that time away from work is subject to management approval and Company Policies.

Employee Signature: _____ Date: _____

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