

REQUEST FOR TIME OFF

(All Employees)

Employee: _____ Department: _____

Requesting the following days off:

MONTH _____

Sunday	Monday	Tuesday	Wed.	Thursday	Friday	Saturday

Please check the reason for the request for time off:

_____ **Vacation**

_____ Vacation paid

_____ Vacation unpaid

_____ **Illness**

(additional forms may be required)

_____ **Other Absence or Personal Leave**

Attach a written explanation of the need for time off

_____ **Funeral**

Relationship to Employee

_____ **Military Leave**

_____ **Jury Duty**
Summons required

_____ **Court**
Summons required

SIGNATURES:

Employee

Date

Supervisor

Date

Please route to payroll after signatures have been documented.

Provide 14 days advance notice whenever possible