

EMPLOYEE REQUEST FOR TIME OFF

Name: _____
 Title: _____
 Dept.: _____

DAYS REQUESTED BY EMPLOYEE

___ Vacation ___ Sick Leave ___ Birthday Holiday
 ___ Voting ___ Jury Duty ___ Bereavement

	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL HOURS TAKEN
Date								
Date								
Date								
Date								
Date								
Total Hours/ Column								

Employee Signature _____ Date _____

BENEFIT ADMINISTRATOR'S SECTION

TIME OFF SCHEDULE	PAID TIME TAKEN	Beginning Balance	Ending Balance
Sick Leave			
Vacation			

Payroll - Available Hours Verification _____ Date _____

- Proof Required (Sick/Jury)
- Coordinate with Leave of Absence
- Exception to policy (CEO)
- Request within probation period

Human Resources _____ Date _____

TIME APPROVED BY

Supervisor Approval _____ Date _____

President Approval _____ Date _____