## 

## Time Off Request Form

This form must be completed and submitted to your Supervisor at least 2 weeks prior to your requested time off start date. If submitted any later, it is not as likely to be approved.

Employee Name Dept. Supervisor

Time Off Start Date Return To Work Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Total Time Off**  Please check only 1 of the boxes and fill in the total shifts and/or hours that you will be taking off. | Hours (Enter totals hours)  Full Day (If taking 1 or more regularly-scheduled days off)  Full Day + Hours (If taking Full Day and Partial Days off) | | | |
| **Days & Hours Off**  Please list the dates, days, and times that you would like to take off. | **Date**  **(MM/DD/YY)** | **Day**  **(e.g. Monday)** | **Time Off**  **Start** | **Time Off** End |
|  |  | AM  PM | AM  PM |
|  |  | AM  PM | AM  PM |
|  |  | AM  PM | AM  PM |
|  |  | AM  PM | AM  PM |
|  |  | AM  PM | AM  PM |
|  |  | AM  PM | AM  PM |
|  |  | AM  PM | AM  PM |
| **Type of Leave** | Personal Leave  Sick Leave  Other Without Pay - describe  (With Pay) in **Reason For Leave** box. | | | |

Reason for Leave

Employee Signature Date

#### Approvals: Request Approved Request Denied See Scheduling

Reason for Denying Request

Supervisor Signature Date