Time Off Request Form

This form must be completed by the employee and submitted for approval by the supervisor.

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Date(s) Requested off: |
| Time(s) / Shift : |

I want to use: ***(indicate # of hours for each item****)*

Paid Vacation Hours \_\_\_\_

Unpaid Hours\_\_\_\_

I understand that time off requests (both PAID and UNPAID) will be honored provided my work shift is adequately staffed during the time I have requested off and that management reserves the right to change this request within a reasonable time due to an emergency.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

\_\_\_\_\_Request Approved \_\_\_\_\_Request NOT Approved

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

If not approved, reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

\_\_\_\_\_Request Approved \_\_\_\_\_Request NOT Approved

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

If not approved, reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_