TIME OFF FORM

Employee Name	
Date Submitted	

REASON FOR THE REQUEST

☐ Leave without Pay ☐ Sick ☐ Maternity / Paternity

☐ Bereavement ☐ Vacation ☐ Day(s) off

DATES		
Start Date mm/dd/yy	**End Date** mm/dd/yy	**# of Days / Hours**
		/

Comments

Employee's Signature _____ Date _____

For Office Use

☐ Request Approved ☐ Request Denied ☐ Employee Notified

Decision Made By _____ Date _____

Routing
□ Payroll Department □ Benefits □ Scheduling □ HR File