



# REQUEST FOR TIME OFF

Name:

Department:

## 1 Please complete for one or more full days off

Start Date:  Through:  Return:  Total Days:

## Please complete for partial days off

Date:  Start Time:  Return Time:  Total Hours Off:

## 2 Reason (check one and fill the requested information)

Vacation: \_\_\_\_\_

Sick Time (explain in detail): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(NOTE: Sick Time taken for medical, dental, professional appointments, or similar reasons which you have advance notice of, must be scheduled and approved at least one day in advance for you to qualify for payment.)

Bereavement (list relationship to you): \_\_\_\_\_

Jury Duty  
(NOTE: Attach a copy of summons from court and submit a certification form to Human Resources verifying Your court attendance when you return to work.)

Medical Leave of Absence Exceeding Three Days (attach physical statement)

Uncompensated Time Off (explain in detail): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 3 Signatures and Approvals

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

Supervisor/Manager Signature: \_\_\_\_\_ Date:

Human Resource Signature: \_\_\_\_\_ Date: