Time off Request

Employee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Absence: With Pay ( ) Without Pay ( ) Make-up ( )

|  |
| --- |
|  |

PERSONAL

|  |
| --- |
|  |

DR. APPOINTMENT

|  |
| --- |
|  |

VACATION

|  |
| --- |
|  |

OTHER

|  |
| --- |
| REASON FOR ABSENCE: |

Period of Absence

I request time off for the above absence on the follow day(s)

First Day of absence: DATE:\_\_\_\_\_\_\_\_\_\_\_\_

Last Day of absence: DATE:\_\_\_\_\_\_\_\_\_\_\_\_

Date returning to work: DATE:\_\_\_\_\_\_\_\_\_\_\_\_

Total number of working days absent from work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPROVED ( ) NOT APPROVED ( )

EMPLOYEE SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_