



# Time Off Request Form

## Employee Information

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of direct supervisor: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Time Off Request Details

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Number of days requested: \_\_\_\_\_

Starting on: \_\_\_\_\_ Ending on: \_\_\_\_\_

Will return to work on: \_\_\_\_\_

## Type of Request

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- |   |   |
|---|---|
| <input type="checkbox"/> Vacation         | <input type="checkbox"/> Jury/Witness duty    |
| <input type="checkbox"/> Personal leave   | <input type="checkbox"/> Bereavement leave    |
| <input type="checkbox"/> Sick leave       | <input type="checkbox"/> Family/medical leave |
| <input type="checkbox"/> Time off to vote | <input type="checkbox"/> Other                |

Note: Four weeks' notice is required for vacation requests, and seven days' notice is required for jury/witness duty.

## Time Off Designation

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- |   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> Paid (deducted from accrued PTO) | <input type="checkbox"/> Unpaid |
|---|---------------------------------|

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_



## For Supervisor

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- Time off approved
- Time off rejected

Comments:

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Supervisor name:

Title:

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Supervisor signature:

Date:

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