



## TIME OFF REQUEST

Today's Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Supervisor/Manager \_\_\_\_\_

Date Requested \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_

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

### TYPE OF ABSENCE

Paid Vacation/Personal

Unpaid Vacation/Personal

Paid Sick Leave

Unpaid Sick Leave

Reason for Request ( Optional ):

### SUPERVISOR/MANAGER APPROVAL

Approved

Not Approved

Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Signature