TIME OFF REQUEST

EMPLOYEE	REVIEWED BY
NAME:	NAME:
POSITION:	POSITION:
DATE SUBMITTED:	DATE REVIEWED:

DATES REQUESTED OFF		
FIRST DAY OFF:	RETURN TO WORK:	# OF HOURS:

TYPE OF REQUEST			
	Vacation		Appointment (doctor, dentist, etc)
	Personal holiday		Bereavement/Funeral leave
	Sick time		Leave of absence
	FMLA time		Comp. Time
	Jury duty		Leave without pay
	Military leave		Other – Explain:

EMPLOYEE COMMENTS

STATUS OF TIME OFF REQUEST	
	APPROVED
	NOT APPROVED (See reason in comments below)
	MODIFIED REQUEST APROVED (See explanation in comments below)

SUPERVISOR COMMENTS & SIGNATURE