Request for Time Off

Please complete and return this form to your supervisor. You must submit requests for absences, other than sick leave, 24 hours prior to the first day you will be absent.

|  |  |
| --- | --- |
| Employee Name |  |
| Today’s Date |  |
| Department  |  |
| Supervisor |  |
| Dates of Absence  |  |
| Time (for partial day) | Leave at: Return at:  |

**Type of Absence Requested:**

[ ]  Vacation

[ ]  Sick

[ ]  Jury Duty

[ ]  Other (please specify):

[ ]  Time Off Without Pay

Reason for Absence

Employee Signature:

Date:

Manager Approval [ ]  Approved [ ]  Denied

Comments:

Manager Signature:

Date: