



TIME OFF REQUEST FORM

Today's Date: _____

Employee Name: _____

Total Hours Requested (1 day = 8hrs): _____

Date(s) Requested Off: _____

Reason: _____

Employee Signature: _____

- Time off granted as paid vacation
- Time off granted without pay
- Time off not granted

Supervisor's Signature _____ Date _____

OFFICE USE ONLY	
_____	Vacation hours available at time of request
_____	Vacation hours used
_____	Vacation hours still available
	_____ Initial and Date