

Time Off Request Form

Please submit this form for approval at least six weeks in advance of your planned time off dates:
Although we will try to give days requested time off may be denied if coverage is not available.

Date: _____

Employee Name _____

Title _____

Department _____

Time Off Days Earned _____

Time Off Days Requested _____ Through _____

Returning _____

Total Number Of Days Requested _____

Reason: _____

Signature of Employee

Date

Approval

Manager

Date

Manager and Employees Please refer to your Handbook and operational policies regarding time off