



TIME OFF REQUEST FORM

This form should be completed and submitted TWO WEEKS prior to requested Time Off to be considered by Approver.

EMPLOYEE

EMPLOYEE NAME: _____ JOB TITLE: _____

TYPE OF ABSENCE:	DATE FROM:	DATE TO:
Vacation	_____	_____
Sick Leave	_____	_____
Bereavement Leave	_____	_____
Court Appearances/Jury Duty/Witness Leave	_____	_____
Military Leave	_____	_____
Time Off Without Pay	_____	_____
Other (Explain in Comments)	_____	_____
Flex Time	_____	_____

*Flex Time will be Made Up: _____

PROVIDE THE **TOTAL TIME EXPECTED** TO BE ABSENT: _____ Hour(s)

START TIME: _____ RETURN TIME: _____

COMMENTS: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

After completing this section, forward this form to the Human Resource Department for verification that you have Time Off benefits available.

HR DEPARTMENT

EMPLOYEE #: _____

Has sufficient balance for the time requested.

Does not have sufficient balance for the time requested. The time available is: _____

HR DEPARTMENT SIGNATURE: _____ DATE: _____

This signature does not indicate approval of employee's request. It only indicates whether benefits are available.

APPROVED

PROJECT NAME & #: _____

APPROVED—Notify employee and HR Department, and retain this form until time off is taken, then complete the next section and forward this form to the HR Department.

DENIED—Send copy to employee and HR Department.

COMMENTS: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

IF APPROVED:

Time off was taken as indicated.

Time off was taken as follows: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

Send completed form to the HR Department by the payroll deadline.