## TIME OFF REQUEST

|  |
| --- |
| Time Off Information |
| Employee Name: |  |
| Supervisor: |  |
| Type of Absence Requested: |
|  | [ ]  | Sick | [ ]  | Vacation | [ ]  | Bereavement | [ ]  | Time Off *Without* Pay |
|  | [ ]  | Military | [ ]  | Jury Duty | [ ]  | Maternity/Paternity | [ ]  | Other |
|  |  |  |  |
| Dates of Absence: From: |  | To: |  |
|  |
| Total Hours Requested ( 8 hours per day):  |
| **If requesting time *other than Vacation*, please provide reason for time off.** **Sick time off documentation may be completed after the time off but always requires completion of this form including the supervisor’s signature for payroll purposes.**  |
| If requesting time for jury duty, please provide a copy of the jury summons. |
| **Requests for vacation time for five (5) or less work days must be submitted at least one week in advance of the vacation start date requested. For vacation time off in excess of 5 work days, a minimum of three (3) weeks advance notice is required**. |
|  |  |
| Employee Signature | Date |
|  |
| Manager Approval |
|  | [ ]  | Approved |
|  | [ ]  | Rejected |
| Comments: |
|  |
|  |  |
|  Supervisor/Manager Signature  | Date |

Form: HR-1 (May, 2011)