Time Off Request Form

Employee Name: _____

TIME REQUESTING OFF: **Number of Days:**_____

Beginning On: _____ **Ending On:** _____

REASON FOR REQUEST:

☐ **Vacation (Paid)** ☐ **Personal (Unpaid)**

Personal or Leave of Absence must be approved by Supervisor.
Any eligible vacation time must be used prior to requesting personal time off.

_____ _____
Employee Signature **Date**

_____ _____
Supervisor Signature **Date**

Form must be completed, signed, and approved by appropriate management, then forwarded to HR Director.

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