

Time-Off Request

Employee's Name: _____

Date of Request _____

Employee's Number: _____

Reason for Time-Off Request:

Vacation Day

Dates: _____ Amount of Hours: _____

Personal Day

Dates: _____ Amount of Hours: _____

Other: Please Specify: _____

Dates: _____ Amount of Hours: _____

*Authorization of
Manager/Supervisor* _____

Human Resource Dept.

Human Resources will not consider any requests unless previously authorized by supervisor.

Approved

Denied

Explanation: _____

Date: _____

Time will be denied if there is a lack of accumulated hours or coverage.