REQUEST FOR TIME OFF

Employee to Complete

Employee Name _____
LAST FIRST MIDDLE INITIAL

Department Name _____

Date(s) Requested ____ /____ /_____ ____ /____ /_____ ____ /____ /_____ ____ /____ /_____
____ /____ /_____ ____ /____ /_____ ____ /____ /_____ ____ /____ /_____

Reason _____

_____

_____

Employee Signature _____ Date ____ /____ /_____

Supervisor or Manager to Complete

Approved _____ Denied _____

Paid _____ Unpaid _____

Authorized Signature _____ Date ____ /____ /_____

Title _____

Comments _____

_____

_____

_____

_____

_____

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