

TIME OFF REQUEST FORM

Employee Name (Last, First, & Middle)	Employee ID Number	Date
Title	Supervisor	Department

Requested Day(s) Off	Beginning Time	End Time	Purpose
Will this time be...		<input type="checkbox"/> Paid	<input type="checkbox"/> Unpaid

Signature: _____

Name (print): _____ **Date:** _____

EMPLOYER AUTHORIZATION

Date Request Approved: _____

Date Request Denied and Reason: _____

Signature: _____

Name (print): _____

Title: _____ **Date:** _____

Legal Disclaimer: This document is intended for informational purposes only, and does not constitute legal information or advice. This information and all HR Support Center materials are provided in consultation with federal and state statutes and do not encompass other regulations that may exist, such as local ordinances. Transmission of documents or information through the HR Support Center does not create an attorney-client relationship. If you are seeking legal advice, you are encouraged to consult an attorney.