

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: _____ **Title:** _____

Name (PRINT): _____ **Date:** _____

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