



Time Off Request

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|-----------------------|--|
| Employee Name: | |
| Date: | |

This form is to be completed by all employees requesting time off (paid, LOA, unpaid). The purpose of this form is to provide clarity and support tracking regarding time off. Fill out all the information on this form above the dotted line and submit it to your supervisor 30 days prior to the requested time off, or as soon as possible in cases of emergencies. Your supervisor will work with HR to determine the outcome of your request.

Note: This request does not guarantee absence approval.

| Reason | | | |
|-----------------------------|----------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | Non FMLA Medical Leave | <input type="checkbox"/> | Administrative Leave |
| <input type="checkbox"/> | Bereavement Leave | <input type="checkbox"/> | Parental Leave |
| <input type="checkbox"/> | Jury Duty Leave | <input type="checkbox"/> | Court Leave |
| <input type="checkbox"/> | Paid Time Off | <input type="checkbox"/> | Unpaid Time Off |
| <input type="checkbox"/> | School Conference/Activity | <input type="checkbox"/> | Voting |
| <input type="checkbox"/> | Other | <input type="checkbox"/> | FMLA |
| Start date: | | Start time: | |
| Return date: | | Return time: | |
| Total Hours (requested off) | | | |
| Employee Signature: | | | |
| Reason: | | | |

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|------------------------------|---------------------|--------------|
| <input type="checkbox"/> | Approved | Date: |
| <input type="checkbox"/> | Not Approved | |
| Supervisor Name: | | |
| Supervisor Signature: | | |
| Designation: | | |

For Office Use Only: Date Received by HR _____. Copy to Supervisor Copy to Employee Original to HR