

REQUEST FOR TIME OFF

Employee Name (PRINT): _____ Department: _____

Today's Date: _____ Position: _____

Requested Day(s) Off: _____

Total Hours Requested: _____ Next Available Day to Work: _____

Category (Circle Appropriate Category): V = Vacation Time S = Sick Time B = Bereavement
TO = Time Off for non-benefitted employees

MUST TURN IN A TIME SHEET IN ORDER TO BE PAID FOR ELIGIBLE TIME

Employee Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Supervisor Signature: _____ Approved() Denied() Date: _____

You have _____ hours of vacation/sick time/bereavement available as of _____

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Supervisor Signature: _____ Approved() Denied() Date: _____

You have _____ hours of vacation/sick time/bereavement available as of _____