

# TIME OFF REQUEST FORM

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
List the dates that you will be requesting off.							
State the times that you will be unavailable on requested days off. Be sure to circle AM or PM.	____AM or PM TO ____AM or PM	____AM or PM TO ____AM or PM	____AM or PM TO ____AM or PM	____AM or PM TO ____AM or PM	____AM or PM TO ____AM or PM	____AM or PM TO ____AM or PM	____AM or PM TO ____AM or PM

Dates Requested: \_\_\_\_\_

Reason: \_\_\_\_\_

Unpaid time to be taken: \_\_\_\_\_

I understand that as a Full Time employee I will not be working Full Time hours during my requested time off and will not be paid for this time.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Management reserves the right to deny any requests if department needs cannot be met and/or if not submitted at least one month prior to your requested time off start date.**

Time off request approved:     Yes             No

Notes: \_\_\_\_\_

Manager or Supervisor Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_