

**Xscape Theatre**  
**Request For Time Off**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

- Vacation
- Unpaid Personal Time Off
- Bereavement
- Sick
- Jury Duty
- Military Leave
- FMLA

**Date(s) Requested:**  
\_\_\_\_\_

**Total Hours Requested:**  
\_\_\_\_\_

**Employee's Signature / Date:** \_\_\_\_\_

**Manager Signature / Date:** \_\_\_\_\_

Approved

Denied

**Human Resources Signature / Date:** \_\_\_\_\_

Paid

Unpaid

**Remaining Vacation Hours Available:** \_\_\_\_\_