

Request For Time Off

Name _____

Date _____

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

Date(s) Requested:

Total Hours Requested:

Employee's Signature / Date: _____

Manager Signature / Date: _____

- Approved
- Disapproved

Human Resources Signature / Date: _____

- Paid
- Unpaid

Remaining Vacation Hours Available:	_____
Accumulated Attendance Points:	_____