

TIME OFF REQUEST

INSTRUCTIONS: Use this form to request any time off. Any military, medical or personal leave of absence should also be reported to your supervisor as soon as possible. Your request for time off must be submitted and approved by management in advance. HR will follow up with you for more information on your leave.

NAME: _____
TIME OFF REQUEST
<input type="checkbox"/> TIME OFF REQUEST: _____ _____
Check one: <input type="checkbox"/> Vacation <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Schedule Request <input type="checkbox"/> Other

EMPLOYEE CERTIFICATION
<i>I understand that time away from work and any change in availability is subject to management approval and company policies.</i>
Employee Signature: _____ Date: _____
APPROVAL
APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO
Supervisor Signature: _____ Date: _____
Printed Name: _____

COMMENTS