

## REQUEST TIME OFF

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

Position: \_\_\_\_\_

Date of request: \_\_\_\_\_

Time off begins on (date): \_\_\_\_\_ Time off ends on (date): \_\_\_\_\_

Total days requested: \_\_\_\_\_

Reason:

- Personal
- Paid vacation
- Holiday pay
- Bereavement
- Time without pay
- Paid sick time
- Comp time
- Other \_\_\_\_\_

Time off approved:                      yes                      no

Signature of supervisor: \_\_\_\_\_

Signature of employee: \_\_\_\_\_