

# REQUEST FOR TIME OFF

**Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Date(s) of requested time off:**

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Category of time off** (please include day(s) or hour(s) per category). **Note:** Exempt staff must take time in whole days.

Vacation:

\_\_\_\_\_

Sick:

\_\_\_\_\_

Birthday Leave:

\_\_\_\_\_

Educational:

\_\_\_\_\_

Other:

\_\_\_\_\_

**TOTAL HOUR(S) OR DAY(S) REQUESTED:** \_\_\_\_\_

**Who will be covering your responsibilities during your absence (as applicable)?**

\_\_\_\_\_

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

**Approval:**

**Time off OK**

**Time off not OK**

**Supervisor's Signature:** \_\_\_\_\_

**Additional comments:**

\_\_\_\_\_

\_\_\_\_\_