



Time off Request Form

Employees should submit vacation requests to their supervisor as far in advance as possible of the proposed time off (at least 30 calendar days in advance). Requests will be evaluated based on various factors, including anticipated workload and staffing considerations.

All requests must be approved by your supervisor prior to taking the requested time.

Date (list each date)	Day of Week	Vacation	Sick	Bereavement	# hours
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
Total # of Days/Hours					

Reason for requested time off _____

Print Name _____ Loc _____
(employee)

Signature _____ Date _____
(employee)

Approved / Denied by _____ Date _____

Signature _____ Date _____
(supervisor)

The original will be available to the employee, approved or denied. If notice of termination is given or received, the employee must submit a new time-off request for approval for any time off. The previous form will be immediately voided.