

REQUEST FOR TIME OFF

Employee

Name: _____

Type of Leave Requested:

Sick

Vacation

Bereavement
Maternity/

Time Off Without
Pay

Military

Jury Duty

Paternity

Other

Dates of Absence

From: _____

To: _____

Reason for Time Off:

*Requests for time off, other than sick leave, are to be submitted two weeks before the first day of the absence.
Requests are generally approved based on a first come, first serve basis. Employer makes final decision.*

Employee Signature

Date

Approved

Not Approved

Comments:

Employer Signature

Date