

TIME OFF REQUEST FORM

Employee Name _____

Supervisor Name _____

Today's Date _____

Employee Request for:

_____ ST

_____ LT

_____ Bereavement Leave

_____ Business Leave

_____ Jury Duty

_____ Time off without pay

I request time off as indicated above for the following:

Date(s) off _____

Total Hours _____

Approved _____ Not Approved _____ Because _____

Supervisor's Signature

NOTE: For schedule planning purposes, we ask for as much advance notice as possible. A timely response will follow.