**TIME OFF REQUEST FORM**

Employee

Name: Department:

Request for: Start Date Return Date Hours

* Vacation
* Personal
* Sick
* Off Without Paid
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

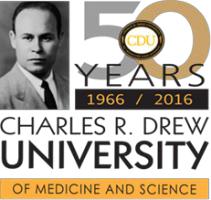


Employee Signature:

Supervisor Name:

Authorized Signature:

Updated: 9.2015



**TIME OFF REQUEST FORM**

Employee

Name: Department:

Request for: Start Date Return Date Hours

* Vacation
* Personal
* Sick
* Off Without Paid
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Employee Signature:

Supervisor Name:

Authorized Signature:

Updated: 9.2015