



## TIME OFF REQUEST FORM

### Absence Information

Employee Name: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Manager: \_\_\_\_\_

Type of Absence Requested:

- Sick                       Vacation                       Bereavement                       Time Off Without Pay  
 Military                       Jury Duty                       Maternity/Paternity                       Other

Dates of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Absence:

*You must submit requests for absences, other than sick leave, two weeks prior to the first day you will be absent.*

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

### Manager Approval

- Approved  
 Rejected

Comments:

\_\_\_\_\_

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*Manager Signature*

*Date*