



Time-Off Request Form

Date: _____

Employee Name: _____ Employee ID# _____

Dates Requested:

From: _____ To: _____

Date returning to work: _____

Will any of the following be used:

Sick Time: _____ Total Hrs to be Used
(ensure hours are available and meet Sick TO guidelines)

Vacation: _____ Total Hrs to be Used

Not Applicable

Employee's Rate of Pay During Time off Request Period: _____

Post Assigned (include Job #): _____

Reason for Request: _____

I understand that submission of this request does not imply approval. I understand that approval of this request is not granted until I receive a signed, approved copy and a phone call by the Scheduler. I also understand that my supervisor cannot grant this request without management approval. I also understand that I must submit this request at least seven (7) days prior notice in order to receive consideration.

Officer's Signature Date

 Approved Denied **Office Use Only**

Reason for Denial: _____

Signature of Approving Manager: _____

Employee Contacted on: _____

Contacted By: _____