

Time Off Request Form

Instructions:

- To be completed by employee
- Employee must sign and get Supervisor/Department Manager Approval

Employee Name:	Last 4 Digits of Social Security Number
Job Title:	Department

Explain Reason for request if any part of absence is to be unpaid:

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Indicate below the number of regularly scheduled hours you will be absent and the appropriate absence code for each day of absence requested.

Codes: (U) unpaid time off (P) PTO (paid time off) (V) vacation (S) sick (J) jury duty (B) bereavement (O) other

Week Beginning (Month/Day/Year)		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Hours							
	Code							
	Hours							
	Code							
	Hours							
	Code							
	Hours							
	Code							

Total Number of Hours _____

Total Number of Paid Days _____

Total Number of Unpaid Days _____

I am requesting the time off as shown above. I understand that any PTO/Vacation taken before it has accrued is an advance on wages. I understand that any wages advanced to me in the form of PTO/Vacation which has not accrued at the time of my termination from (COMPANY) will be deducted from the gross wages on my final paycheck with may reduce my final rate of pay below minimum wage and I authorize such deductions from my final paycheck.

For California Employees Only: I am requesting the time off as shown above. I understand that any PTO taken before it is accrued is an advance on wages and that I may be required to sign a Compensation Reduction/Deduction Authorization Form authorizing deductions from my pay of any amounts advanced.

Employee Signature	Date
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TO BE COMPLETED BY SUPERVISOR

Supervisor Signature	Date
Department Manager Signature	Date