

Time Off Request Form

Section 1: EMPLOYEE INFORMATION				
Employee Name:				
Employee ID:		Job Title:		
Date of Hire:				
Location:				
Department:				
Manager Name:				
Status Change:	Leave of Absence <input type="checkbox"/> FMLA <input type="checkbox"/> Military <input type="checkbox"/>			
Section 2: TIME OFF REQUEST				
Time Off Type	Hours Requested	First Day Off	Return to Work Date	Request Reason
Vacation				
Sick				
Jury Duty				
Bereavement				
Volunteer				
Floating Holiday				
Maternity Leave				
Note: Per Vacation & Sick Time Policies, ½ or partial days are utilized for hourly employees only. Salaried employees are required to report only full day increments for sick and vacation time. Do not submit non-paid time off to the Payroll Department. Non-paid time off should be submitted to and retained by your manager.				
Section 3: EMPLOYEE AGREEMENT & SIGNATURE				
<input type="checkbox"/> I have read, understand, and agree to C&J's Time Off policies.				
Employee Signature:			Date:	
Section 4: MANAGER APPROVAL/DENIAL				
<input type="checkbox"/> I have approved the above request for time off.				
<input type="checkbox"/> I do not approve the above request for time off.				
Reason for Request Denial:				
Manager Signature:			Date:	
Section 5: PAYROLL DEPARTMENT USE ONLY				
Date Received:				
Entered By:				
Notes:				

Form Instructions:

Employees: Please complete sections 1 & 2, sign section 3 and submit to your direct manager/supervisor.

Supervisors/Managers: Review, approve or deny in section 4, and sign & return to the Payroll Department by emailing HRServiceCenter@cjes.com if employee is not taking a leave of absence. For employees requesting a leave of absence, send to Benefits Department by emailing Benefits@cjes.com.

Payroll Department: Complete section 5. Confirm whether employee has requested time off available. Complete entry if time off is available. If the requested time is unavailable, reject form and advise supervisor/manager or Benefits Department if LOA related.