

TIME OFF REQUEST



Transportation and Energy Services

EMPLOYEE:

Complete the top section of this form. **A separate form must be completed for each week**

Submit request to Human Resources for review

PERSONNEL:

Verifies that the employee is eligible for Paid or Unpaid Time off

Completes the bottom section of this form

Forwards the request to the Operations Manager for approval

Notifies employee in writing within 5 business days if request is approved or denied

Employee Name

Employee ID:

Domicile

All time off should comply with company policy and further documentation may be requested. Policy questions may be directed to Personnel.

To be Completed by Employee

I would like to request the following day(s) off:

PAID TIME OFF (PTO)		PERSONAL DAYS - NON PAID	
Date Requested		Date Requested	
Sunday		Sunday	
Monday		Monday	
Tuesday		Tuesday	
Wednesday		Wednesday	
Thursday		Thursday	
Friday		Friday	
Saturday		Saturday	

VACATION IS PAID AT 8 HOURS PER DAY

FURTHER EXPLANATION _____

Employee Signature _____ Date _____

To be Completed by Personnel			Reviewed By:
PAID TIME OFF (PTO)		PERSONAL DAYS - NON PAID	
Hours Available		Days Available	
Future Hours Requested		Future Days Requested	
Current Hours Requested		Current Days Requested	
Remaining Hours Available		Remaining Days Available	
To be Completed by Manager			
PAID TIME OFF (PTO)		PERSONAL DAYS - NON PAID	
	Approved		Approved
	Approved with modification		Approved with modification
	Unapproved		Unapproved

REASON FOR DENIAL/ MODIFICATION _____

Manager's Signature _____ Date _____

Employee Notified By: _____ Date _____