



# TIME OFF REQUEST

## ABSENCE INFORMATION

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

Employee Number: \_\_\_\_\_ Department: \_\_\_\_\_

Dates Requested: From: \_\_\_\_\_ To: \_\_\_\_\_ Total Hours: \_\_\_\_\_

## PLEASE CHECK APPROPRIATE BOXES:

- Working
- Not Working
- Vacation (w/pay)
- Time Off (w/out pay)

## TYPE OF ABSENCE REQUESTED:

- Sick
- Bereavement
- Military
- Jury Duty
- Maternity/Paternity
- Other

Brief Description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPROVAL/DENIAL

- Approved      Comments: \_\_\_\_\_  
\_\_\_\_\_
- Denied      \_\_\_\_\_  
\_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_