Time Off Request



EMPLOYEE INFORMATION - Please print clearly Name (please print): ______Date: _____ Position: ______Department: **REQUESTED DATES** Time off requests must be submitted to your manager at least two weeks in advance. Please be aware that all time off will be scheduled with staffing needs in mind. You have not received approval for your requested time until you are given a signed copy of this request from your manager. Dates requested: From: _____ To: _____ Total Number of Full Days: _____ Total hours: ____ Total Number of Partial Days: _____ Total hours: ____ Employee Signature: _Date: _____ **APPROVAL Approved** Not approved Reason not approved: Supervisor Signature: _____ __Date: _