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: _____
