

# REQUEST FOR TIME OFF

EMPLOYEE \_\_\_\_\_

DATE OF REQUEST \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING INFORMATION.

FIRST DAY OF ABSENCE: \_\_\_\_\_

DATE OF RETURN: \_\_\_\_\_

TOTAL NUMBER OF DAYS: \_\_\_\_\_

## APPROPRIATE TIME DEDUCTIONS

VACATION: \_\_\_\_\_ PERSONAL: \_\_\_\_\_

SICK: \_\_\_\_\_ OTHER: \_\_\_\_\_

LEAVE WITHOUT PAY: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

NOT APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

WHO WILL COVER POSITION DURING EMPLOYEES'S ABSENCE:

\_\_\_\_\_

\*\* To Be Filed in Personnel Record of Employee\*\*

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