

EMPLOYEE TIME OFF REQUEST

Name: _____

Employee Number: _____

Job Title: _____

Hire Date (*month/day/year*): _____

Status: ☐ Full-Time ☐ Part-Time

Rate of Pay: _____

☐ Temporary ☐ Exempt ☐ Nonexempt

I, _____, am requesting time off to be taken from _____
(Name of Employee) (Month/Day/Year)

through and including _____
(Month/Day/Year)

Total number of Vacation hours _____

Total number of PTO hours _____

Total number of Regular Sick hours _____

Total number of hours for Anniversary _____

Total number of hours for Bereavement _____

Employee's Signature

Date

ADMINISTRATIVE USE ONLY

Total available hours for specific time off type requested: _____

☐ Approved

☐ Denied

Authorized Signature

Date

Title

Comments: _____