



REQUEST FOR TIME OFF/LEAVE OF ABSENCE

EMPLOYEE NAME: _____

DATE OF REQUEST: _____

DATE(S) FOR REQUEST: _____

NUMBER OF HOURS: _____

REQUEST IDENTIFIED AS:

VACATION _____

SICK _____

BEREAVEMENT _____

JURY DUTY _____

UNPAID TIME _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE NATURE OF ABSENCE:

EMPLOYEE SIGNATURE

DATE

APPROVED _____

DENIED _____

MANAGER SIGNATURE

DATE