



TIME OFF REQUEST FORM

EMPLOYEE NAME: _____

REQUESTED DATE(S): _____

TYPE OF ABSENCE:

- Paid Time Off *# of PTO hours on last pay statement: _____*
- Unpaid Time Off
- Bereavement
- Jury Duty

COMMENTS:

Employee Signature

Date

MANAGER APPROVAL

- Approved
- Rejected

Comments: _____

Manager Signature

Date