**TIME OFF REQUEST FORM**

EMPLOYEE NAME: EMPLOYEE ID:

DATE OF REQUEST:

DATE(S) OF PTO:

⬜ Half Day (4 hours) ⬜ Full Day (8 hours) TOTAL NUMBER OF HOURS REQUESTED:

|  |  |
| --- | --- |
| REASON FOR TIME OFF: |  |
| ⬜ Vacation | ⬜ Voting Leave | ⬜ PTO |
| ⬜ Sick | ⬜ Family/Medical Leave | ⬜ Leave of Absence |
| ⬜ Bereavement | ⬜ Military Leave | ⬜ Other:  |

EXPLANATION (optional):

EMPLOYEE SIGNATURE:

DATE:

SUPERVISOR APPROVAL SIGNATURE:

DATE:

