Your request for time off must be submitted and approved by management in advance.

**EMPLOYEE INFORMATION:**

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| --- |
| Full Name:  |
| Time Off Requested:⬜ HOURS ⬜ DAYS  | Starting On: | Ending On: |

**TYPE OF REQUEST:**

|  |  |  |
| --- | --- | --- |
| ⬜ VACATION ⬜ MEDICAL/SICK | ⬜ FUNERAL/BEREAVEMENT ⬜ JURY DUTY/TO VOTE | ⬜ PERSONAL ⬜ OTHER |

**COMMENTS:**

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|  |

**EMPLOYEE CERTIFICATION:**

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| **I Understand that time away from work is subject to management approval and company policies.** |
| Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_ |

**OFFICE APPROVAL**

|  |
| --- |
| Approved: ⬜ YES ⬜ NO   |
| Supervisor/Manager Approval: | Date: |