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

**EMPLOYEE INFORMATION:**

|  |  |  |
| --- | --- | --- |
| 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:**

|  |
| --- |
|  |

**EMPLOYEE CERTIFICATION:**

|  |
| --- |
| **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: |