

EMPLOYEE INFORMATION:

Employee Name: _____

Date: _____

Position: _____

Employee ID #: _____

Supervisor: _____

REQUEST DATES:

Time off start date: _____/_____/_____

Time off end date: _____/_____/_____

Return to work: _____/_____/_____

REQUEST TYPE:

- | | |
|--|--|
| <input type="checkbox"/> Paid Vacation | <input type="checkbox"/> Unpaid Vacation |
| <input type="checkbox"/> Paid Sick | <input type="checkbox"/> Unpaid Sick |
| <input type="checkbox"/> Paid Personal | <input type="checkbox"/> Unpaid Personal |
| <input type="checkbox"/> Paid Holiday | <input type="checkbox"/> Unpaid Holiday |
| <input type="checkbox"/> Paid Bereavement | <input type="checkbox"/> Unpaid Bereavement |
| <input type="checkbox"/> Paid Other: _____ | <input type="checkbox"/> Unpaid Other: _____ |

ACKNOWLEDGMENT:

Supervisor Approval

- Approved
- Not Approved

Reason (if not approved): _____

Supervisor Signature: _____

Date: _____

*Employee Signature: _____

Date: _____

*To be signed by the employee after the supervisor has approved/not approved and discussed this request with the employee.

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