

Request for Time Off

Name _____ Date _____

Department _____ Status: Full time Part time

ID number _____ Hire/seniority date _____

Supervisor's name _____

Title _____

Requested date(s) off _____

Time of departure _____

Time of return _____

Reason for request _____

Signature of employee _____

Time off: Approved Denied

Request approved/denied by: _____

Title _____

Reason for approval or denial _____

For office use only.

Paid absence Unpaid absence

If paid, deduct from: Personal Vacation Sick Other

Excused Unexcused Previous Occurrences Yes No

Supervisor's signature _____

Title _____

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