TIME OFF REQUEST

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

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| --- | --- | --- | --- |
| EMPLOYEE NAME | | | |
|  | | | |
| EMPLOYEE TITLE | | EMPLOYEE PHONE NUMBER | |
|  | |  | |
| SUPERVISOR NAME | | SUPERVISOR PHONE NUMBER | |
|  | |  | |
| # OF DAYS REQUESTED OFF | DATE REQUESTED OFF OR FIRST DAY OF MULTI-DAY REQUEST | | DATE OF PROPOSED RETURN TO WORK |
|  |  | | |
| REASON FOR TIME OFF REQUEST | | | |
|  | | | |

I understand that I am not guaranteed these dates off. Time off requests must be approved by management. Time off will be considered approve when employee receives copy of Time Off Request form with supervisor’s signature.

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EMPLOYEE SIGNATURE DATE

TO BE COMPLETED BY MANAGEMENT

|  |
| --- |
| TIME OFF REQUEST STATUS |
| * Approved * Approved with Modifications (listed in comments) * Unapproved for following reason (listed in comments) |
| COMMENTS |
|  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
SUPERVISOR SIGNATURE DATE