



REQUEST FOR TIME OFF

I AM REQUESTING THE FOLLOWING DAY (S) OFF:

DAY(S) OFF: FROM: _____ TO: _____

I WILL RETURN TO WORK ON: _____

I HAVE VACATION TIME AVAILABLE TO COVER MY DAYS OFF.

MY TOTAL NUMBER OF HOURS ACCRUED AT THIS TIME IS: _____

Employee Signature

Date

APPROVED

Supervisor Signature

Date

**PLEASE CONTACT PERSONNEL DEPARTMENT
FOR THE APPROPRIATE *LOA* (LEAVE OF ABSENCE)
REQUEST FORM.**

FMLA - IF YOU ARE ELIGIBLE

NON-FMLA - WILL REQUIRE CEO APPROVAL

Supervisor Signature

Date