



TIME OFF REQUEST

TODAY'S DATE _____

EMPLOYEE NAME: _____

DEPARTMENT: _____

DATE(S) ABSENT _____

TIMES ABSENT:

FROM _____ AM PM TO _____ AM PM

TOTAL HOURS ABSENT _____

RETURN DATE _____

REASON FOR ABSENCE

- | | |
|--|---|
| <input type="checkbox"/> PAID TIME OFF (PTO) | <input type="checkbox"/> PERSONAL |
| <input type="checkbox"/> COMPENSATORY TIME | <input type="checkbox"/> BEREAVEMENT (State Relationship Below) |
| <input type="checkbox"/> VACATION | <input type="checkbox"/> LEAVE WITHOUT PAY |
| <input type="checkbox"/> SICK | <input type="checkbox"/> OTHER |

ADDITIONAL INFORMATION:

EMPLOYEE SIGNATURE _____

DEPT. DIRECTOR APPROVAL _____