

# TIME-OFF REQUEST

**EMPLOYEE: PLEASE TURN THIS FORM IN TO YOUR SUPERVISOR  
AT LEAST ONE WEEK PRIOR TO THE REQUESTED TIME OFF.**

EMPLOYEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

LENGTH OF TIME OFF: \_\_\_\_\_ DAYS

FROM \_\_\_\_\_ TO \_\_\_\_\_  
(month/day) (month/day)

DATE YOU WILL BE BACK AT WORK: \_\_\_\_\_

TIME OFF WILL BE:

- Vacation     Bonus     Birthday     Personal     Unpaid  
 Illness     Leave of Absence     Other \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUPERVISOR: After giving your approval, please give this form to the Administrator.**

\* \* \* \* \*

\_\_\_\_\_ Time off approved

\_\_\_\_\_ Time off not approved

\_\_\_\_\_ Pay authorized  
for this absence

\_\_\_\_\_ Pay not authorized  
for this absence

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please Note: A copy of this form is to be given to employee by Administration  
after approval or disapproval.)**