

Request for Time Off

Employee Legal Name:	Div/Dept.
Vacation [] _____ <i>Hours</i>	Start Date: ___/___/___
Bereavement [] _____ <i>Hours</i>	Return Date: ___/___/___
Jury Duty/Witness [] _____ <i>Hours</i>	Total <u>Paid</u> Time-Off _____
Sick Time Off [] _____ <i>Hours</i>	Total <u>Unpaid</u> Time-Off _____ <i>(Complete Reason for Unpaid Time Off)</i>
<u>Unpaid Time Off</u>	
Reason:	

Employee Signature

Date

Supervisor Signature

Date

Division Manager/Dept. Head Signature

Date