



TIME OFF REQUEST FORM

EMPLOYEE NAME: _____

TODAY'S DATE: _____

DATE(S) OF REQUEST: _____

TYPE OF TIME OFF: _____

UNPAID _____
VACATION _____
SICK _____

APPROVAL TO MAKE UP TIME:

(time must be in same pay period and cannot be a full day)

DATE(S): _____

HOURS TO MAKE UP: _____

HOW TIME WILL BE MADE UP: _____

EMPLOYEE SIGNATURE: _____