**PAID TIME OFF REQUEST FORM**

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Days Requested Off**
*Month of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Request Time off to be: Paid Un-Paid

*Indicate Day and Write in Date*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SUNDAY** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** |
|  |  |  |  |  |  |  |
| **SUNDAY** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** |
|  |  |  |  |  |  |  |

**Purpose of Time Off Request**
*Check box as it applies*

|  |  |  |  |
| --- | --- | --- | --- |
| **Vacation** | **Medical** | **Jury Duty** | **Personal**  |
|  |  |  |  |
| **Military** | **Bereavement** |
|  |  |

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Manager Signature

 Denied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Denied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Manager Signature

Time off will be: Paid Un-Paid

Time off requests must be made at least **two weeks prior** to dates requested, except in cases where advance notice is unavoidable such as for Military or Bereavement.

Manager(s) will respond with Approval/Denial within 48 hrs. of request. Requests must be submitted to a Manager using the Time Off Request form. No time off requests will be approved without this form signed off by a Manager.