

TIME OFF REQUEST FORM

EMPLOYEE INFORMATION:

Name:

Date:

Position:

Department:

TIME OFF REQUESTED:

Directions:

- Check the box or boxes indicating the type of time off being requested and list each type of day being requested separately in the chart below.

**Please note, any request exceeding two (2) consecutive weeks must be approved by the appropriate member of the Executive Team.*

Vacation
Personal
Floating Holiday
Compensatory Time
Other
DATE
DAY OF WEEK
**TIME OFF TO BE USED
(VACATION, PERSONAL, ETC.)**

Employee's Signature:

Date:

APPROVAL:

APPROVED
NOT APPROVED

Supervisor's Signature:

Date:

*Executive Team's Signature (if applicable):

Date: