

TIME OFF REQUEST FORM

Please submit this form for approval at least four (4) weeks in advance of your preferred vacation dates. All requests should first be verbally submitted to your supervisor in person; forms can then be submitted via email or in person after this initial conversation. Vacation time that is not approved but still taken by the employee will be unpaid and subject to progressive discipline.

Date: _____

Employee Name: _____

Vacation Dates Requested: ____/____/____ through ____/____/____

Returning: ____/____/____

Total Number of Days/Hours Requested: _____

Signature of Employee Request Date

Approval (circle one): YES NO

Supervisor Name Approval or Denial Date

FOR INTERNAL USE ONLY:

Recorded into Employee Calendar: YES NO

Recorded into Payroll System: YES NO

Requested Time Off Form

Michael Seilmaier

A red circular graphic with a gradient, appearing as a stylized arrow or a partial circle, located to the right of the name bar.

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