**Time Off Request Form**

Staff members, please complete the top section of the form and submit to your supervisor for approval. Forms should be submitted at earliest possible date.

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dept**: \_\_\_\_\_\_

**REASON DATE(S) # OF DAYS # OF HOURS**

Vacation Aug 21- Sept 3 (inclusive)\_\_ \_10\_\_\_\_\_ \_\_\_\_\_\_\_\_

Sick Leave\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Jury Duty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Bereavement Leave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Other\*\* *(explain below)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Comments/Further Explanation *(when required):*

\* *It is recognized that sickness is not planned and sick leave cannot be requested in advance. When unable to work due to illness, please notify your supervisor and submit the request form as soon as you return to work.*

**Employee Signature**: \_\_\_\_ABC\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: XYZ\_\_\_\_\_\_\_\_

Supervisors, please verify that the staff member is eligible for paid time off and submit the approved/denied form to HR. Please notify HR in case of an employee’s extended leave (more than 5 days) due to personal or family illness.

**Supervisor’s recommendation Comments:**

Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved with following modification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Denied for following reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_