Time Off Request Form

This form must be completed by the employee and submitted for approval by the supervisor.

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

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| Date(s) Requested off: |
| Time(s) / Shift: |

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| I want to use: (***indicate # of hours for each item****)*  Paid Vacation Hours \_\_\_\_  Unpaid Hours\_\_\_\_ |

I understand that time off requests (both PAID and UNPAID) will be honored provided my work shift is adequately staffed during the time I have requested off and that management reserves the right to change this request within a reasonable time due to an emergency.

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

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| \_\_\_\_\_Request Approved \_\_\_\_\_Request NOT Approved  Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_  If not approved, reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |