Time Off Request Form

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

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

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

|  |
| --- |
| 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: \_\_\_\_\_\_\_\_

|  |
| --- |
| \_\_\_\_\_Request Approved \_\_\_\_\_Request NOT ApprovedSupervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_If not approved, reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |