**Time Off Request**



**Time Off Information**

Employee Name:

Employee Number:

Department:

Manager:

Type of Absence Requested:

  Sick

  Vacation

  Bereavement

  Time Off Without Pay

  Military

  Jury Duty

  Maternity/Paternity

  Other

Dates of Absence:  From:

To:

Reason for Absence:

*You must submit requests for absences, other than sick leave, two days prior to the first day you will be absent.*

*Employee Signature*

*Date*

**Manager Approval**

Approved

  Rejected

Comments:

*Manager Signature*

*Date*