TIME OFF REQUEST FORM

Your request for time off must be submitted and approved by management in advance.

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| **EMPLOYEE INFORMATION** | |
| **Name:** | |
| **Vacation Days Available:** |  |

You may request vacation time throughout the year with a minimum of 10 days notice to your immediate Supervisor/ Manager. When more than one employee has requested the same time and when this would make it difficult to provide quality service or meet projected schedules, requests will be considered in the order in which they are received. Every effort will be made to honor your vacation request. Business operations may dictate that the employee reschedule his/her vacation.

Directions: Indicate your vacation choice in the space below. Sign, date and forward to your supervisor/manager for approval. Once the Vacation Request Form has been approved it will be returned to the employee and it is the responsibility of the employee to forward it to the Payroll Manager.

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| --- | --- |
| **Vacation date(s) requested:** | |
| **Employee Signature:** | **Request Date:** |
| **Approved**  **Denied**  **Remarks:** | |
| **Supervisor/Manager Signature:** | **Date:** |

Notes:

(1) You can only take 6 consecutive days of Vacation at one time.

(2) You can only take a minimum of 1 hour allotments.

(3) Date requested, must be minimum of 10 work days prior to vacation except in case of emergency or illness.

(4) Vacation is not authorized until approved by your supervisor.

(5) In the case of emergency or illness, the approved Vacation form must be submitted to the Payroll Manager no later than 12 pm CST on the first full day after returning to work.

(6) **Approval of this form only reserves your vacation time. To receive pay you must complete PTO Pay Request form F-010 and you must be eligible for PTO. If the form is not submitted and you are not eligible for PTO, you will not receive pay. The time off will become an unexcused absence.**