

REQUEST FOR TIME-OFF

TO: _____ DATE: _____
SUPERVISOR

FROM: _____ SS#: _____
EMPLOYEE

I would like to take _____ days / hours time-off from work for the following reason:
(circle one)

- | | |
|--|---|
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Family & Medical Leave ³ |
| <input type="checkbox"/> Jury Duty ¹ | <input type="checkbox"/> Sick / Disability Leave ³ |
| <input type="checkbox"/> Military Leave ² | <input type="checkbox"/> Death in the Family ³ |
| <input type="checkbox"/> Personal Paid / Personal Unpaid | <input type="checkbox"/> Other |

I would like my time-off to begin on _____ with return to work on _____.
(date) (date)

The days I would like off
are: _____.

I understand that the failure to give at least 14 business days' notice of leave may not be sufficient notice based upon operational needs. If less than 14 days' notice is provided, my request for vacation or personal leave may be denied. Leave taken in excess of accrued will be without pay.

EMPLOYEE'S SIGNATURE

FROM: _____ DATE: _____
SUPERVISOR

TO: _____
EMPLOYEE

- Your request for time-off is approved.
- Your request for time-off is disapproved for the following reason(s):

SUPERVISOR'S SIGNATURE

1. For Jury Duty Leave, a copy of the jury summons must be attached.
2. For Military Leave, a copy of your orders must be attached.
3. Documentation may be requested.