

# TIME OFF REQUEST FORM

*Please submit this form for approval at least four (4) weeks in advance of your preferred vacation dates. All requests should first be verbally submitted to your supervisor in person; forms can then be submitted via email or in person after this initial conversation. Vacation time that is not approved but still taken by the employee will be unpaid and subject to progressive discipline.*

*Date:* \_\_\_\_\_

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

*Vacation Dates Requested:* \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

*Returning:* \_\_\_\_/\_\_\_\_/\_\_\_\_

*Total Number of Days/Hours Requested:* \_\_\_\_\_

\_\_\_\_\_

*Signature of Employee Request Date*

*Approval (circle one): YES NO*

\_\_\_\_\_

*Supervisor Name Approval or Denial Date*

*FOR INTERNAL USE ONLY:*

*Recorded into Employee Calendar: YES NO*

*Recorded into Payroll System: YES NO*