



## TIME-OFF REQUEST FORM

Today's Date \_\_\_\_\_

Employee's Name \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Manager Approval: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Reason for request:

☐ Jury Duty

☐ Appointment (doctor, dentist, etc.)

☐ Leave of Absence

☐ Personal

☐ Bereavement/Funeral Leave

☐ Military Leave

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will code my hours to: check one

☐ ***Vacation***

☐ ***Unpaid***

☐ ***Hours***

☐ ***Hours***

■ It is recommended that at least 2 weeks notice prior to request for time-off be given in order to schedule labor appropriately & efficiently.

■ This is a request form only. It does not guarantee the requested time will be granted.

■ All field employees please return to this form to Center Point Contractors management.