



TIME OFF REQUEST FORM

COMPLETE ONE FORM FOR EACH REQUESTED LEAVE

FILL OUT COMPLETELY AND SUBMIT TO THE OFFICE.

Name _____

Date _____

TYPE OF LEAVE REQUESTED					
Check one	Leave Type	Start Date	End Date	Return to Work Date	Notes/Comments
<input type="checkbox"/>	Vacation				
<input type="checkbox"/>	Medical Appointment				
<input type="checkbox"/>	School Activity				
<input type="checkbox"/>	Family Medical Leave				
<input type="checkbox"/>	Bereavement				
<input type="checkbox"/>	Other				
Please state what time off is related to:					

Time off may be granted with or without pay. I would like to: (check one)	
<input type="checkbox"/>	Use my earned Paid Time Off** for my requested leave. Number of hours:
<input type="checkbox"/>	Take my time off without pay

**Employees working an average of 34 hours or more per week earn (accrue) Paid Time Off (PTO) hours. If you have PTO hours available and would like to use them for your time off please indicate the number of PTO hours you would like to use. Please note that you cannot use more PTO hours than you were scheduled for. For example, if you were scheduled to work 4 hours you cannot request more than 4 hours of PTO for that day.

<input type="checkbox"/>	PTO Cash Out Option	Total hours of PTO requested as pay out:
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Employee Signature _____

Date _____

For office use only:

Office is approving the leave for the above dates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Office is approving Cash Out Option?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of requisition form returned to employee?	<input type="checkbox"/> Yes Initials _____

Supervisor Signature _____

Date _____