



TIME OFF REQUEST

Date: _____ Department: _____

Employee Name: _____ Request to use: _____ hours.

Vaction | Sick Time / Date: _____ | Emergency Leave (must fill in notes) | Time off without pay

(If less than eight (8) hours, specify times) Dates: _____ thru _____

Dates Needed: _____

Notes:

Manager Approval: _____ Date: _____

Owner Approval: _____ Date: _____

Received in Payroll: _____ Date: _____

Requests must be received in the Payroll Department one week prior to time off for schedule leave. Sick time requests must be turned in the day immediately after time was used. Emergency paid leave is to be determined by the owner only, and on a case by case basis. All requests must be approved by your immediate supervisor prior to owner approval.

For Payroll use: _____ Hours Available: _____ Hours Used this year: _____