



## TIME OFF REQUEST

Date: \_\_\_\_\_ Department: \_\_\_\_\_

Employee Name: _____	Request to use: _____ hours.
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Vaction	Sick Time / Date: _____	Emergency Leave ( <i>must fill in notes</i> )	Time off without pay
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(If less than eight (8) hours, specify times) Dates: \_\_\_\_\_ thru \_\_\_\_\_

Dates Needed: \_\_\_\_\_

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: _____
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