



## TIME OFF REQUEST FORM

Employee:	Total Hours:
Dates/Time Requested:	
Type of Leave: <input type="checkbox"/> Vacation <input type="checkbox"/> Floating Holiday <input type="checkbox"/> Comp Time <input type="checkbox"/> Sick Leave <input type="checkbox"/> Jury Duty <input type="checkbox"/> Unpaid Absence <input type="checkbox"/> Seminar/Workshop/Training <input type="checkbox"/> Bereavement - Relationship: _____ <input type="checkbox"/> Other - Please Explain: _____	
Employee Signature:	Date:
Approved By:	Date: