



Time Off Request Form

Employee Name: _____

Date of Request: _____

Department: _____

Time Off Type	Dates (from MM/DD/YY to MM/DD/YY)	Total Hours (#)	Balance Available (Yes/No)
Vacation			
Sick Leave			
Time Off without Pay			N/A
Jury Duty			N/A
Bereavement			N/A
Other			

Comments:

Please provide reasonable advance notice when your absence is foreseeable. If unforeseeable, please provide notice as soon as practicable. Failure to do so may result in a postponement or denial of your request. All requests are subject to approval based upon applicable Employee Handbook policies (e.g., vacation, sick leave, leaves of absence).

Employee Signature

Date

Manager Signature

Date

NOTE: Please forward this form to HR or Finance. Please retain a copy for your records.

FOR FINANCE USE ONLY

Payroll Period	
Time Off Type	
Total HRS	
Recorded in ADP	