



DAYS OFF REQUEST FORM

Employee Name: _____ EE ID # _____

ACCOUNT _____ SUPERVISOR: _____

TYPE OF REQUEST (Please check box)

- Vacation Military Maternity/Paternity Leave Other _____
 Leave of Absence Court Time Bereavement
 Medical Leave Jury Duty Time off (without pay)

Reasons: _____

Dates From: _____ To _____ Return to work _____

Employee Signature _____ Date _____
Supervisor Signature _____ Date _____

OFFICIAL USE ONLY

Vacation Hours Available _____ Date Reviewed: _____ Reviewed By _____
Comments: _____

Payroll/Finance Signature: _____ Date _____

VP Operations Signature _____ Date _____
President Signature _____ Date _____

APPROVAL SELECTION

Approved Comments: _____
 Rejected _____

Authorizing Signature: _____ Date _____

OFFICIAL USE ONLY – PAYROLL

Vacation Hours Paid: _____ Pay Date Paid _____ Initials _____