

## TIME OFF REQUEST FORM

Your request for personal, sick and professional time off must be submitted and approved by management in advance.

### EMPLOYEE INFORMATION

NAME:

TODAY'S DATE:

DEPARTMENT:

VACATION /SICK/PERSONAL DAYS AVAILABLE:

AS OF (DATE):

NUMBER OF DAYS REQUESTED:

STARTING ON:

ENDING ON:

I WILL RETURN TO WORK ON:

### TYPE OF REQUEST

SICK TIME

SCHOOL TASK

VACATION

BEREAVEMENT

PERSONAL

OTHER

PROFESSIONAL

### COMMENTS

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### EMPLOYEE CERTIFICATION

I understand that time away from work is subject to management approval and company policies.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### APPROVAL

APPROVED:     YES                       NO

Supervisor/Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Head of School: \_\_\_\_\_ Date: \_\_\_\_\_

Payroll Input: \_\_\_\_\_ Date: \_\_\_\_\_