

Time Off Request Form

This form must be completed by the employee and submitted for approval by the supervisor.

Employee Name: _____

Date(s) Requested off:
Time(s) / Shift :

I want to use: **(indicate # of hours for each item)**

Paid Vacation Hours _____

Unpaid Hours _____

I understand that time off requests (both PAID and UNPAID) will be honored provided my work shift is adequately staffed during the time I have requested off and that management reserves the right to change this request within a reasonable time due to an emergency.

Employee Signature: _____ Date: _____

____ Request Approved ____ Request NOT Approved

Supervisor Signature: _____ Date: _____

If not approved, reason: _____

[Type text]

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