



## TIME OFF REQUEST FORM

Personal Time

Time off without pay

Vacation Time

Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Total Number of Days Requested:

\_\_\_\_\_

Beginning Date: \_\_\_\_\_

Return to Work : \_\_\_\_\_

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

*Office Use Only*

Approved

Denied

Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

**\*There is no Vacation Time offered at this moment**



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