

**REQUEST FOR TIME OFF FORM**

Team Member’s Name:          Today’s Date:

Department/Division:      Hire Date:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Week | Date(s) Requested | | Total  Vacation  Hrs Taken\* | Total  Paid Abs  Hrs Taken\* | Total Hrs\* |
| Beginning | Ending |
| 1 | 0 | 7/ |  |  |  |
| 2 | 1 |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |

*\*Vacation or Paid Absence Time must be taken in hour increments only.*

**Type of Benefit: *(check one)***

Paid  Unpaid

**Description of Dates Requested: *(check all that apply)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Vacation | PTO | Holiday | Bereavement | Jury Duty |
| FMLA (Only) | FMLA/STD | STD (Only) | Worker’s Comp | Military Leave |
| Court | Doctor’s appt | No Call No Show | Other |  |

**Vacation Pay in Advance:**

I would like my vacation pay the last pay period PRIOR to my vacation.

I would like a copy of this form with my remaining time off balance

I do not want a copy of this form with my remaining time off balance

**Additional comments or notes about requested time off work:**

Team Member’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please return this form to payroll after receiving manager’s approval.

*If this form is not filled out completely and signed by management, no vacation check can be created.*

|  |  |  |
| --- | --- | --- |
| ***Office Use Only:*** | | |
| ***Remaining Balance(s) in Hours*** | | |
| **Vacation** | **Paid Absence Time** | **Total Remaining** |
|  |  |  |
|  |  |  |