

**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** |
|  |  |  |
|   |   |   |