



TIME OFF REQUEST FORM

****To be submitted to supervisor at least two weeks prior to requested absence****

Employee: _____

Position: _____

Request:

☐ Personal Time

☐ Vacation Time

☐ Wellness Day

☐ Sick Time

Dates: _____

Employee Signature: _____

Date Submitted: _____

☐ Approved ☐ Rejected

Supervisor Signature: _____

Date: _____