

Vacation / Time Off Request



Employee: _____ Date Submitted: _____

Date(s) Requested: _____

Number of Vacation Hours: _____

Number of Unpaid Hours: _____ Reason for unpaid: _____

Time off should be approved prior to absence. If absence is due to emergency or illness, employee must contact their supervisor as soon as possible or leave a detailed message on the main phone line. The supervisor will immediately complete a request form for you and submit it to payroll.

Employee Signature: _____

Approved: Denied: Authorized By: _____

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