

## TIME-OFF REQUEST FORM

Use this form to request standard time and extended leave of absence. Give completed form to your immediate supervisor.

EMPLOYEE NAME	
ABSENCE TYPE	
<input type="checkbox"/> Paid Time Off (PTO) <input type="checkbox"/> Non Paid Time Off  <u>Reason:</u> <input type="checkbox"/> Vacation <input type="checkbox"/> Sick <input type="checkbox"/> Personal <input type="checkbox"/> Jury <input type="checkbox"/> Bereavement <input type="checkbox"/> Floating Holiday	
DATES REQUESTED	EMPLOYEE SIGNATURE
List the dates or period you are requesting off.	
SUPERVISOR APPROVAL	
<input type="checkbox"/> Approved  <input type="checkbox"/> Denied	
CLASSIFICATION OF ABSENCE	SUPERVISOR/ SIGNATURE
<input type="checkbox"/> Excused  <input type="checkbox"/> Unexcused	
PTO TIME USED	PTO TIME REMAINING
	Date
REQUEST LEAVE OF ABSENCE (defined as > 10 consecutive days)	
Dates requested off:  <input type="checkbox"/> Personal /family Illness <input type="checkbox"/> Adoption <input type="checkbox"/> Other _____ <input type="checkbox"/> Family Military Leave <input type="checkbox"/> Pregnancy	
Please note that extended time off may result in change from full time status to contingent status on employee return.	