

# TIME OFF REQUEST

PLEASE CIRCLE ONE

VACATION PERSONAL HOLIDAY SICK LEAVE/FMLA LEAVE WOP  
PAY/SEMI-PAY LEAVE OTHER (please specify below)

OTHER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

TOTAL NUMBER OF DAYS REQUESTED: \_\_\_\_\_

Beginning Date: \_\_\_\_\_

Returns to work: \_\_\_\_\_

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
|        |         |           |          |        |
|        |         |           |          |        |
|        |         |           |          |        |

APPROVED: \_\_\_\_\_

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