

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: _____