

# 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: \_\_\_\_\_