

TIME OFF REQUEST

PLEASE CIRCLE ONE

**VACATION/PERSONAL HOLIDAY/SICK LEAVE/FMLA/LEAVE W/O
PAY/SUMMER LEAVE/OTHER (identify below)**

OTHER :

NAME: _____

Date Submitted: _____

TOTAL NUMBER OF DAYS REQUESTED: _____

Beginning Date: _____

Return to work: _____

Monday	Tuesday	Wednesday	Thursday	Friday

APPROVED: _____

Date: _____