



Time Off Request Form

Today's Date: _____

Employee's Name: _____

Date(s) Requested: _____

Time Requested (Paid/Unpaid): _____

Employee Signature: _____

- All requests must be submitted at least 2 weeks prior to requested dates.
- A Separate form must be submitted for all non-consecutive dates.
- This is a request for only; it does not guarantee the requested time will be granted.

Supervisor to Complete Below

Please Check One:

PTO Approved PTO Not Approved Unpaid Time Approved Unpaid Time Not Approved

If Not Approved, please explain below:

Supervisor Signature: _____

Date: _____