



**TIME OFF REQUEST FORM**

Employee Name: \_\_\_\_\_

Type of Absence Requested:

- Paid Time Off       Vacation       Bereavement       Time Off Without Pay
- Military       Jury Duty       Maternity/Paternity       Other

Dates of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_

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Reason for Absence:

*Please submit requests for absences, other than sick leave, four weeks prior to the first day you will be absent.*

\_\_\_\_\_  
*Employee Signature* *Date*

**Manager Approval**

- Accepted       Applied to Zoom Scheduler       Applied to GC       Copied & Returned to Employee
- Rejected

Comments:

\_\_\_\_\_  
*Manager Signature* *Date*