



TIME OFF REQUEST FORM

Employee Name: _____

Type of Absence Requested:

- Paid Time Off / Vacation Time
- Military
- Bereavement
- Jury Duty
- Maternity/Paternity
- Time Off Without Pay
- 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
- Rejected
- Applied to Zoom Scheduler
- Applied to GC (Office staff only)
- Copied & Returned to Employee

Comments:

Manager Signature *Date*

Comptroller Signature *Date*