

REQUEST FORM *for* TIME OFF

Today's Date: _____

Employee (*print name*): _____

Department: _____

List Date (s) Requesting	Total Days Requesting	**For <u>FI</u> only** List Normal Days Off

Check one please!

- Vacation Day
- Personal Time Off
- Bereavement Leave
- Jury Duty
- Other: _____

Remarks:

Approval Section:

Manager Signature: _____
