

Time Off Request Form



Time Off Information

Employee Name: _____

Facility Location: _____

Time Off Request:

- | | | |
|------------------------------------|-----------------------------------------------|--------------------------------------|
| <input type="checkbox"/> PTO | <input type="checkbox"/> Time Off Without Pay | <input type="checkbox"/> Bereavement |
| <input type="checkbox"/> Jury Duty | <input type="checkbox"/> FMLA | <input type="checkbox"/> Other |

Requested dates: From: _____ Through: _____ Return: _____

Number of PTO Hours Requested: _____

Comments:

Employee Signature

Date

Additional Information for Administrators

Did you notify Health & Welfare that you will be absent? ☐ No ☐ Yes

Who will be your designee? _____ On Call #: _____

Who will be your designee for
lead follow up? _____

Manager Approval

- ☐ Approved
- ☐ Rejected

Comments:

Supervisor Signature _____

Date _____