



E-25 TIME OFF REQUEST FORM

Please print legibly in ink

SUBMIT REQUEST AT LEAST TWO WEEKS PRIOR TO THE REQUESTED TIME OFF

EMPLOYEE INFORMATION

EMPLOYEE NAME: _____ DATE: _____
DEPT/CONSUMER: _____ NUMBER OF DAYS REQUESTED: _____
STARTING ON: _____ ENDING ON: _____
I WILL RETURN TO WORK ON: _____

TYPE OF REQUEST

- | | |
|--|---|
| <input type="checkbox"/> PAID TIME OFF (If eligible) | <input type="checkbox"/> MILITARY LEAVE |
| <input type="checkbox"/> UNPAID TIME OFF | <input type="checkbox"/> FAMILY AND MEDICAL LEAVE |
| <input type="checkbox"/> BEREAVEMENT LEAVE | <input type="checkbox"/> SICK TIME |
| <input type="checkbox"/> JURY DUTY | <input type="checkbox"/> TIME OFF TO VOTE |

COMMENTS

EMPLOYEE CERTIFICATION (UNSIGNED FORMS WILL NOT BE PROCESSED)

I understand that time away from work is subject to management approval and company policies. I further understand that submitting this form is *not a guarantee of time off*.

Employee Signature: _____ Date: _____

MANAGEMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)

RECEIVED DATE: _____ RECEIVED BY: _____

APPROVED: YES NO

Supervisor/Manager Approval: _____ Date: _____

Printed Name: _____ Title: _____

Payroll Input: _____ Date: _____