

## Employee Time Off Request Form

### Absence Information

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

Employee ID Number: \_\_\_\_\_ Department: \_\_\_\_\_

#### Type of Absence Requested:

PTO       Bereavement       Jury Duty       Other \_\_\_\_\_

Military       FMLA       Leave without pay

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

Total Hours Requested: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employee: You must submit requests for absences to your Manager at least two (2) weeks prior to the first day you will be absent.**

### Manager Approval

Approved       Rejected

Comments:

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attention Department Manager: Please submit this form to the Human Resource Department at the end of the pay period once it has been approved.**

OFFICE USE ONLY:

\_\_\_\_ HR/Payroll: \_\_\_\_\_  
Initial      Date Entered