**TIME OFF REQUEST SHEET**

*Please fill out and return to Human Resources to be processed.*

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

**Time-Off Request: \_\_\_\_\_\_\_\_\_\_\_ Days \_\_\_\_\_\_\_\_\_\_\_ Hours**

**Beginning On:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ending On:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Please Check one of the following)*

|  |  |
| --- | --- |
|  **\_\_\_\_\_\_\_Vacation** |  **\_\_\_\_\_\_\_ Un-paid Time Off** |

**Reason for Time-Off *(Please check one)***

|  |  |  |
| --- | --- | --- |
| **\_\_\_\_\_\_\_Personal** | **\_\_\_\_\_\_\_Medical** | **\_\_\_\_\_\_\_Bereavement** |
| **\_\_\_\_\_\_\_Jury Duty** | **\_\_\_\_\_\_\_Military** | **\_\_\_\_\_\_\_Family** |
| **\_\_\_\_\_\_\_Other** |  |  |

**CASH OUT OPTION**

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_\_** | **By selecting this option, I elect to use the CASH OUT option for my remaining unused accrued vacation time. I understand that I am not guaranteed this request without approval from my immediate Supervisor/Manager.** *(Note: The Cash Out Option must be approved 14 days in advance to payout)* |

**Cash Out Time: \_\_\_\_\_\_\_\_\_\_\_\_\_ Days \_\_\_\_\_\_\_\_\_\_\_\_\_\_Hours**

|  |  |
| --- | --- |
| **Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |
| **Manager Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |
| **HR Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |