

TIME AWAY FROM OFFICE REQUEST FORM

EMPLOYEE SECTION			
Employee's Name: _____		Today's Date: _____	
TYPE OF REQUEST			
<input type="checkbox"/> Vacation (PTO)		<input type="checkbox"/> Bereavement Leave	
<input type="checkbox"/> Sick Time		<input type="checkbox"/> Unpaid Leave	
Comments: _____			
Start Date: _____		End Date: _____	
Number of Days Requested: _____		Complete this section <u>ONLY</u> if a partial day is needed. From: _____ <input type="checkbox"/> AM / <input type="checkbox"/> PM To: _____ <input type="checkbox"/> AM / <input type="checkbox"/> PM	
<ul style="list-style-type: none"> ✓ I understand that time away from work is subject to management approval and company policies. ✓ All requests must be submitted 2 weeks in advance. ✓ I understand my absence will be paid or unpaid, based on my eligibility, vacation or sick time balance. ✓ If approved, I will be responsible for submitting this form to Human Resources ✓ Emergency time-off will be handled on a case by case scenario. 			
_____		_____	
<i>Employee Signature</i>		<i>Date</i>	

MANAGEMENT SECTION			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Denied; Must Reschedule			
Manager's Signature: _____			
Manager Remarks: _____			
Payroll Input: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid		Date Inputted: _____ PPE: _____	
Payroll Remarks: _____			
<i>Once complete, advise employee of status and file in Employee's Records</i>			