

TIME OFF REQUEST FORM

Please provide all information requested below or time off will not be paid.
This form must be received in Payroll by the Saturday before payroll Sunday.

Employee Name: _____

Social Security #: _____ - _____ - _____

I hereby request payment for (check one):

Vacation

Bereavement

**Floating
Holiday**

**Leave
Without Pay**

on the following day(s):

Day of Week:

Date:
MM/DD

_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____

<p>PAYROLL USE ONLY (DO NOT FILL IN)</p> <p>Hours Paid: _____</p> <p>Date Received: ____ / ____ / ____</p>

Total number of days requested: _____

Employee Signature

____ / ____ / ____
Date

Manager Approval

____ / ____ / ____
Date

HR / Accounting

____ / ____ / ____
Date