

Request for Time Off

(Exempt / Non-Exempt Employee)

Absence Information

Employee Name: _____

Employee Number: _____ Department: _____

Supervisor: _____

Type of Absence Requested:

- ☐ Sick

☐ Compensatory Time

☐ Bereavement

☐ Jury Duty

☐ Personal Time Off

☐ Time off Without Pay

Dates of Absence: From: _____ To: _____
(first day of leave) *(Last day of leave)*

Reason for Absence: _____ Total Time Requested: _____ *(hours)*

You must submit requests for absences, other than sick leave, two days prior to the first day you will be absent. Doctor's statement is required for sick leave of two or more days.

Certification: I certify that the Time Off requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting Time Off (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary, including removal.

Employee Signature

Date

Manager Approval

- ☐ Approved
- ☐ Rejected

Comments:

Supervisor Signature

Date

CEO Signature

Date

Payroll Administrator Entry

Business Manager Signature

Date