

## Time Off Request Form

| Request details   |   |  |
|---|---|--|
| I understand this request is subject to approval by my Supervisor.  |   |  |
| Employee name:  |   |  |
| Employee Signature:   |   | Date:  |
| Department:   |   |  |
| Time off request:   | <input type="checkbox"/> _____ Days                   | <input type="checkbox"/> _____ Hours               |
| Starting on:  |   |  |
| Ending on:  |   |  |
| PTO Balance prior to this request:  |   |  |
| Reason for request  |   |  |
| <input type="checkbox"/> Paid Time Off (PTO)  | <input type="checkbox"/> Personal Leave (Without Pay) | <input type="checkbox"/> Bereavement               |
| <input type="checkbox"/> Jury Duty  | <input type="checkbox"/> Birthday (PTO)               | <input type="checkbox"/> Floating Holiday<br>_____ |
| Coverage Plan During Absence<br><i>(Please provide the name(s) of the colleague(s) who will cover your responsibilities during your absence.)</i> |   |  |
| Name of Covering Employee(s):   |   |  |
| Key Contacts notified (if applicable):  |   |  |
| Auto Reply (Outlook) set up on:   |   |  |

*To be completed by Management.*

| Manager/ Department Head – Approval |                                   |                                 |       |
|-------------------------------------|-----------------------------------|---------------------------------|-------|
| <input type="checkbox"/> Approved   | <input type="checkbox"/> Rejected | Manager/Supervisor's Signature: | Date: |
| <input type="checkbox"/> Approved   | <input type="checkbox"/> Rejected | Human Resources Signature:      | Date: |