



TIME OFF / VACATION REQUEST FORM

INSTRUCTIONS:

- Please submit your request to your supervisor(s) at least two (2) weeks prior to the requested START DATE requested (if absence is unavoidable and immediate, contact Staffing immediately).
- If this request is for a period exceeding 2 weeks or exceeding your available time off, please see HR regarding procedures regarding the Leaves of Absence.
- Supervisor will assure coverage is arranged through staffing BEFORE approving & notify employee accordingly.
- **If you wish to charge hours of vacation time to the absence, please complete a time sheet simultaneous to the request to assure that payroll receives notification prior to payroll transmission deadlines (otherwise any payment due will follow in the subsequent payroll).**
- Forward completed request form to HR.

YOUR NAME: <small>(please print)</small>			
Contact Information: <small>(phone, email, best and easiest way to reach you!)</small>			
Vacation Hours Available: <small>(per last paycheck)</small>		Sick Hours Available:	
START DATE:		RETURN DATE:	
Reason for Absence:			
Any Special Considerations?: <small>(If so, please request below here)</small>			
YOUR SIGNATURE:		Date:	

Response

- APPROVED
 DISAPPROVED (Return Time Sheet)
 PENDING
 Need additional information, see your immediate supervisor.

Supervisor Signature: _____ Date: _____

- Time Sheet Forwarded to Payroll
 Time Sheet Returned to EE