



License #504013

Request for Time Off

Employee Name _____

Beginning Day _____ Beginning Date _____

Ending Day _____ Ending Date _____

Total Number of Days Requested _____

Reason for Request: _____

How this request is to be applied:

_____ Time off to be taken as VACATION time, and paid as remaining vacation days available.

_____ Time off to be taken as requested time off, unpaid.

_____ Sick Leave

Signature

Approved By

