

Name (please print): \_\_\_\_\_

Phone No./Ext. \_\_\_\_\_

### TIME-OFF REQUEST FORM

\*\*\*\*\*

Today's Date \_\_\_\_\_

Please indicate the period covered by this request:

#### Vacation Time

| Dates | Total Days |
|-------|------------|
| _____ | _____      |
| _____ | _____      |
| _____ | _____      |
| _____ | _____      |
| _____ | _____      |
| _____ | _____      |

#### Personal Time

| Dates | Total Days |
|-------|------------|
| _____ | _____      |
| _____ | _____      |
| _____ | _____      |
| _____ | _____      |
| _____ | _____      |
| _____ | _____      |

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Upon completion, please forward to the Human Resource Office.