

Request for Time-off

Planned Time Off Information			
Employee Name:			
Department:			
Manager Name:			
Type of Time Off Requeste	ed:		
☐ Vacation/PTO	Bereavement	☐ Other ^{1/}	
☐ Jury Duty	☐ Time Off Without Pay		
Dates of Absence: From: _		To:	
1/ Reason for Absence:			
		ncy leave, at least 14 days in advance 30 days in advance to support busines	
The Manager has the right to conditions.	grant or deny planned requests o	depending upon circumstances and bu	usiness
Employee Signature		Date	
	Managar Ann	roval	
☐ Approved	Manager Appı	Ovai	
☐ Rejected			
☐ Nojested			
Comments:			
Manager Signature		Date	
Human Resource Signature		Date	