

REQUEST FOR VACATION / TIME OFF

Requests for vacation or floating holidays must be approved BEFORE you schedule any time off.

Instructions for requesting vacation/leave:

- 1 Employee completes form and turns it in to Pamela Spargur for approval.
- 2 Pamela approves leave - paid or unpaid - and communicates to Employee.
- 3 Form is given to HR for scheduling and filing.

Name: _____

Department: _____ Today's Date: _____

Type of Leave:

Number of DAYS requested: _____ Number of HOURS requested: _____

- | | | |
|---|---|---|
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Bereavement | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> Floating Holiday | <input type="checkbox"/> Jury Duty | _____ |
| <input type="checkbox"/> Personal/Sick | <input type="checkbox"/> Military Leave | <input type="checkbox"/> _____
(must be preapproved) |

First date of absence: _____ Return to work date: _____

FOR OTHER THAN ROUTINE VACATION/PERSONAL TIME REQUESTED:

Reason:

- Incapacitated by illness or injury - IF MORE THAN 3 DAYS
Description: _____
(Attach doctor's certification if absence was more than 3 days)
- Care for family member
Name and relationship: _____
- Death of family member
Name and relationship: _____

Employee Signature: _____

PAID LEAVE:

Number of Days: _____ Approved Disapproved

UNPAID LEAVE:

Number of Days: _____ Approved Disapproved

Supervisor/Manager _____ Date: _____