

REQUEST FOR "TIME-OFF"

INSTRUCTIONS FOR COMPLETION:

All sections must be completed. Be sure to indicate the exact amount of time that you wish to request off. This will enable Payroll to calculate your paycheck and attendance schedule correctly. Obtain your supervisor's approval and forward the completed form to the Payroll Department prior to the beginning of the time off. It is your responsibility to ensure that this form is submitted prior to the pay period closing.

(For situations such as accidents and/or illness, please complete this upon your return to work and submit it for processing. If this form is not received, Vacation or PTO pay will not be included in your payroll check.)

EMPLOYEE _____

BRANCH _____

- | | | |
|---|---|--|
| <input type="checkbox"/> VACATION | <input type="checkbox"/> PERSONAL | <input type="checkbox"/> # OF DAYS OFF: _____ |
| <input type="checkbox"/> UNPAID | <input type="checkbox"/> SICK | <input type="checkbox"/> FULL DAY REQUEST |
| <input type="checkbox"/> PTO | <input type="checkbox"/> JURY DUTY | <input type="checkbox"/> PARTIAL DAY REQUEST |
| <input type="checkbox"/> CASH-OUT HOURS: _____ | | |

DATE : _____ **HOURS :** _____

DATE : _____ **HOURS :** _____

DATE : _____ **HOURS :** _____

Please describe reason for absence

EMPLOYEE SIGNATURE DATE

SUPERVISOR SIGNATURE DATE

APPROVED **DENIED**