**Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | | |
| Employee ID: |  | Department: |  |
| Job Title: |  | Contact No. & Email Address: |  |

**Time Off Details**

Type of Time Off Requested (check all that apply):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Vacation | Sick Leave | | Personal Leave | | Bereavement Leave | |
| Jury Duty | Other (please specify): | | | | | |
| Dates Requested: | Start Date: |  | | End Date: | |  |
| Total Number of Days: |  | Reason for Time Off (optional): | |  | | |

**Coverage Plan**

|  |  |  |
| --- | --- | --- |
| Will your duties be covered by another employee during your absence? | | Yes No |
| If yes, please provide the following information: | Name of Covering Employee: |  |
| Contact Information: |  |
| Notes/Instructions for Covering Employee: |  |

**Employee Certification**

I certify that the information provided above is accurate and that I am requesting time off in accordance with company policy.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee’s Signature: | Signature | Date: |  |

**Supervisor/Manager Approval**

I have reviewed the above time off request and approve it for processing.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Supervisor/Manager’s Name: | ` | | | |
| Supervisor/Manager’s Signature: | Signature | Date: |  | |
| Comments: | | | |
|  | | | |
|  | | | |
|  | | | |

**Human Resources Department Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Received By: |  | Date: |  |
| Processed By: |  | Date: |  |
| Approved By: |  | Date: |  |
| Payment Date: |  | Date: |  |

Comments:

|  |
| --- |
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|  |  |  |  |
| --- | --- | --- | --- |
| HR Signature: | Signature | Date: |  |