**Paid Time-off Request Form**

Employee Name:

Date of Absence: From:

(Please state date(s)) Through:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tick appropriate box

Sick Vacation Time Off Without Pay Jury Duty Other

If other, please explain

*Employee Signature* *Date*

*Note: When taking time off, Employees are expected to make arrangements to cover email and voicemail so that work continues to flow in your absence.*

**Manager/Supervisor Approval**

 Approved Not approved Vacation Schedule Updated

Comments:

*Manager Signature* *Date*