REQUEST FOR

☐ Time Off ☐ Absence ☐ Additional Hours Worked ☐ Other

Dates Requesting Off:

Employee Name:

Facility Name: | Position:

Date Hired: _____

| **NUMBER OF DAY(S) REQUESTING** | (Circle Number) **1 2 3 4 5 6 7 8 9 10**
 or OTHER _____ | |

(Check the box)
- ☐ Sick Day – With Pay 3 days per year
- ☐ Sick Day –Without Pay
- ☐ Time Off – Without Pay
- ☐ Left Early
- ☐ Work related injury
- ☐ Personal Business – Without Pay
- ☐ Jury Duty
- ☐ Leave of Absence
- ☐ Death in Family

Comments/Reason:

ADDITIONAL HOURS WORKED
- ☐ Shift _____
- ☐ Holiday Shift _____
- ☐ Number of Hours worked _____
- ☐ Dates Worked _____
- ☐ Other _____

Comments/Reason

Employees' Signature: Date:

- ☐ Approved
- ☐ Not Approved - Reason _____
  _____
  _____

Administrator Name:

Administrator (Initials):

For Personnel Use Only

This document is to be filed in employees file when all steps are completed.

- ☐ Date received _____
- ☐ Received by _____
- ☐ Reviewed by _____
- ☐ Input on System _____
- ☐ Updated Schedules _____

Updated (01/2017)