



EMPLOYEE TIME-OFF FORM

Date of Request: _____ Date Request Received by HR: _____

Employee Name:	Title:
Department:	Supervisor:
Beginning:	Ending:
Return Date:	

Day Requested	# Hours	Type of Request
		<input type="checkbox"/> Paid Vacation <input type="checkbox"/> Unpaid Vacation <input type="checkbox"/> Bereavement <input type="checkbox"/> Personal Day
		<input type="checkbox"/> Paid Vacation <input type="checkbox"/> Unpaid Vacation <input type="checkbox"/> Bereavement <input type="checkbox"/> Personal Day
		<input type="checkbox"/> Paid Vacation <input type="checkbox"/> Unpaid Vacation <input type="checkbox"/> Bereavement <input type="checkbox"/> Personal Day
		<input type="checkbox"/> Paid Vacation <input type="checkbox"/> Unpaid Vacation <input type="checkbox"/> Bereavement <input type="checkbox"/> Personal Day
		<input type="checkbox"/> Paid Vacation <input type="checkbox"/> Unpaid Vacation <input type="checkbox"/> Bereavement <input type="checkbox"/> Personal Day

Comments:

Employee Signature	Date
Supervisor Signature	Date
HR Manager Signature	Date

OFFICE USE ONLY

<input type="checkbox"/> Approved	<input style="width: 80%;" type="text"/>	Date Form Returned to Employee by HR: _____
<input type="checkbox"/> Denied	Pastor Initials	