Paid Time Off Request

Any employee requesting time off must complete this form and obtain an authorization signature from their supervisor or office manager prior to time off. Vacation time must be requested a minimum of 8 weeks in advance.

**TO BE COMPLETED BY EMPLOYEE**

Employee Name Date

|  |  |  |
| --- | --- | --- |
|  |  |  |

Current Position

|  |
| --- |
|  |

Full Time  Part Time

Leave Start Date Expected Return Date

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Reason for Leave**

Vacation  Sick  Personal  Educational  Jury Duty

Explanation

|  |
| --- |
|  |

**Hours**

Paid Hours Unpaid Hours Currently Accrued Total Hours Using

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

**Provisions of Leave**

I understand that if I do not return to work on the return date listed above or contact my supervisor explaining my failure to return, I will be considered to have voluntarily abandoned my job.

Employee Signature Date

|  |  |  |
| --- | --- | --- |
|  |  |  |

**TO BE COMPLETED BY SUPERVISOR AND HR**

**Supervisor**

I have verified that the employee has time off accrued and their position is covered while on leave.

Supervisor Signature Date

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Human Resources**

I have verified that the employee’s requested hours have accrued and notated adjustments in the payroll system to have proper deductions from accrued time off.

HR Signature Date

|  |  |  |
| --- | --- | --- |
|  |  |  |