



# Time-Off Request Form

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

Dates Requested:

Date:	Number of Hours	Total Days	Reason Code

Reason Codes:

V	Vacation Day
H	Paid Holiday
U	Unpaid time off

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

\* Your request for time off must be submitted and approved by management in advance.