EMPLOYEE TIME-OFF REQUEST FORM

Fill out "Employee Section" and return to your Immediate Supervisor at least two weeks prior to absence, whenever possible.

SUPERVISOR should forward form to FOREMAN. FOREMAN forwards form to ATTENDANCE ADMINISTRATOR.

loyee Name:	EMP#	:
First Name Last Name		
SENCE DATE(S):		
DATE (or DATE-RANGE) (mm/dd/yyyy)	FROM	TO
(пппастуууу)		□AM / □PN
	□AM / □PM	
PENOT DE ACON	□AM / □PM	□AM / □PI
ENCE REASON ☐ Court Appearance, Subpoenaed *Subpoena & Court-Verifican	tion of Hours Required.	
□ Doctor App't *Signed Doctor's Note Required.	······································	
☐ Family Medical Leave Act (FMLA) *FMLA Paperwork Required	<u>d.</u>	
 birth of a child, or placement of a child with you for adoption or fost your own serious health condition 	ter care.	
you are needed to care for your spouse; child; parent	t due to his/her serious health condition	
of a qualifying exigency arising out of the fact that your spous	se;son or daughter; pare	nt is on covered
active duty or call to covered active duty status with the Armed For you are the spouse;son or daughter; parent; _		-member with a
serious injury or illness.		
☐ Funeral/Bereavement Leave *Photocopy of Memorial Sheet Re	equired.	
11		
Relationship to Deceased First	st & Last Name of Deceased	
☐ Jury Duty *Clerk of Court Jury Duty Letter Required & Court-Veri ☐ Military Leave *Government Verification Required.	ification of Hours Required.	
		r <u>ed.</u>
 ☐ Military Leave *Government Verification Required. ☐ Personal Time/Vacation *Accrued PTO/UTO Required. ☐ Personal Leave of 3 or More Days when PTO/UTO exhaust 		r <u>ed.</u>
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