



Employee Request Time Off Form

This form should be completed and returned to the HR Manager at least 60-days before the requested time off.

Employee Name:

Date of Submission:

I request the following days and/or times off:

Day of the Week	Date	Time From	Time To	# Hours	Type of Time Off*

*Types of time off: Paid-Time Off, Sick Time, Unpaid Time Off, Other

Comments:

Submit this form to the HR Manager for approval.

For Administrative Purposes Only

HR Manager Name: _____ **Date of Receipt:** _____

Other Employees Off Same Dates: _____

Request Approved: Yes No Other: _____

Comments/Communications: _____

CONFIRMED NO CONFLICTS WITH ON-CALL SCHEDULE

Supervisor: _____ **Date of Receipt:** _____

Request Approved: Yes No Other: _____

Comments/Communications: _____

TSheets Administrator: _____ **Date of Receipt:** _____

Entered into TSheets Date: _____ Approval Emailed to Employee Date: _____

Entered ASANA Date: _____ Entered into TSheets Date: _____

Forwarded copy to Applicable Scheduler(s): SM CC On-Call Other: _____

Forwarded copy to Payroll Specialist Entered into Axxess _____

Sent To HR Manager Date: _____ HR Manager Filed Date: _____