

Time Off or Vacation Request Form

Employee Name: _____ Date Submitted: _____

Department: _____

Supervisor Name: _____

| Start Date | End Date | Total Days | Hours of Vacation/ PTO Being Used | Time Off Reason Code* |
|------------|----------|------------|---|--------------------------|
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*Time Off Reason Codes:
V - Vacation Day
F - Floater Day
PL - Personal Leave Paid
PU - Personal Leave Unpaid

Employee Signature: _____

Date: _____

Manager Signature: _____

Date: _____