



**Request for Time Off**

Date:	Area / Desk:
Employee Name:	Employee Number:
Request For:      Vacation <input type="checkbox"/> *LOA: <input type="checkbox"/> Family Emergency: <input type="checkbox"/>	
Total Number of Days Requested: _____	
From: _____ to _____	
My first day off will be:	
_____	Time: _____ A.M. / P.M.
My last day of work will be:	
_____	Time: _____ A.M. / P.M.
First day I will be returning to work after my day off will be:	
_____	Time: _____ A.M. / P.M.
_____	_____
Employee Signature	Supervisor Signature and Approval

\* LOA is "Leave of Absence"