



TIME OFF REQUEST FORM

Employee Name:

	Date(s)	Time	Time Off Type/Hours Requested
1	From: <input style="width: 80px;" type="text"/>	<input type="checkbox"/> Full Day(s) <input type="checkbox"/> Partial Day From: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> To: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	Type: <input style="width: 150px;" type="text"/>
	To: <input style="width: 80px;" type="text"/>		*Hours Requested: <input style="width: 60px;" type="text"/>
Reason: <input style="width: 480px;" type="text"/>			

	Date(s)	Time	Time Off Type/Hours Requested
2	From: <input style="width: 80px;" type="text"/>	<input type="checkbox"/> Full Day(s) <input type="checkbox"/> Partial Day From: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> To: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	Type: <input style="width: 150px;" type="text"/>
	To: <input style="width: 80px;" type="text"/>		*Hours Requested: <input style="width: 60px;" type="text"/>
Reason: <input style="width: 480px;" type="text"/>			

	Date(s)	Time	Time Off Type/Hours Requested
3	From: <input style="width: 80px;" type="text"/>	<input type="checkbox"/> Full Day(s) <input type="checkbox"/> Partial Day From: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> To: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	Type: <input style="width: 150px;" type="text"/>
	To: <input style="width: 80px;" type="text"/>		*Hours Requested: <input style="width: 60px;" type="text"/>
Reason: <input style="width: 480px;" type="text"/>			

	Date(s)	Time	Time Off Type/Hours Requested
4	From: <input style="width: 80px;" type="text"/>	<input type="checkbox"/> Full Day(s) <input type="checkbox"/> Partial Day From: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> To: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	Type: <input style="width: 150px;" type="text"/>
	To: <input style="width: 80px;" type="text"/>		*Hours Requested: <input style="width: 60px;" type="text"/>
Reason: <input style="width: 480px;" type="text"/>			

Employee Signature:

Date:

Supervisor Signature:

Date: