

**THIS FORM MUST BE COMPLETED AND HAVE DEPARTMENT HEAD APPROVAL BEFORE TIME OFF IS TAKEN**

**TIME OFF REQUEST FORM**

EMPLOYEE NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

TOTAL HOURS REQUESTED \_\_\_\_\_

COMP       VACATION       SICK       PERSONAL

DATES REQUESTED: \_\_\_\_\_

**EXPLANATION OF REQUEST:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Approval: \_\_\_\_\_

\_\_\_\_\_

**Department Heads: All requests are to be maintained in your office. Compare requests against timesheets before signing off on the timesheets to ensure accuracy.**