TIME OFF REQUEST

_____ (the "Employee") asks _____ (the "Company") for the time off described in this request. _____ (the "Manager") will review the request for the Company and record the decision below.

1. EMPLOYEE INFORMATION

Employee: _____ Employee ID: _____

Department: _____ Company: _____

Manager (name and title): _____

Date of request: _____

2. TIME OFF REQUESTED

Type of time off: [ ] vacation or PTO [ ] sick leave [ ] personal day [ ] bereavement leave [ ] jury duty [ ] family or medical leave [ ] other: _____

First day off: _____ Last day off: _____ Returning to work on: _____

Partial day (date and hours, if any): _____

Total time requested: _____ [ ] day(s) [ ] hour(s)

Pay: [ ] paid under the Company's policy, using any paid time off or leave balance that applies [ ] unpaid [ ] not sure, the Company will confirm

For jury duty: court: _____ [ ] a copy of the jury summons is attached

For sick, family or medical leave: this request does not include medical details. If the Company's policy or the law calls for a certification from a health care provider, the Company will tell the Employee, and the Employee will provide it through the Company's separate process. [ ] A note from a health care provider is attached.

Reason (optional; never a diagnosis): _____

3. COVERAGE WHILE AWAY (OPTIONAL)

Coverage plan: _____

Contact while away: _____

4. EMPLOYEE REQUEST

The Employee requests the time off described above and confirms that the information in this request is accurate. The Employee understands that this form is a request and that the Manager will record the Company's decision in the section titled "Manager's Decision." Whether the time off is paid depends on the Company's policies and any law that applies.

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SIGNATURES

Employee

Signature: _____ Date: _____

Printed Name: _____

MANAGER'S DECISION

The Manager completes this section, signs it and gives the Employee a copy.

Decision: [ ] Approved [ ] Denied [ ] Approved with changes

If approved with changes, the approved dates or hours are: _____

Comments: _____

Leave balance before this request: _____ Leave balance after this request: _____

Recorded in leave records by: _____ on _____

Manager signature: _____ Name and title:

_____ Date: _____

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