



## TIME OFF, VACATION, LEAVE REQUEST

Employee Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Position: \_\_\_\_\_ Dept: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of requested time-off, vacation or leave.

Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending: \_\_\_\_/\_\_\_\_/\_\_\_\_

Total No. # of Days of this Request: \_\_\_\_\_ Total No. # of Days Used Prior to this Request: \_\_\_\_\_

Total No. # of Days Remaining: \_\_\_\_\_

Note: If you are requesting FMLA reduced schedule or intermittent leave, you should indicate the date you propose such arrangement to begin and end.

Type of time off, vacation, or leave

- Vacation/PTO
- Holiday
- Military
- Bereavement
- Jury Duty
- Other Court Appearance
- Juvenile order/parental school activities
- Personal

**NOTE:** Time off for the following reasons is conditionally designated and charged against eligible employee's FMLA allotment pending final determination of FMLA qualification.

- Own health condition that renders employee unable to perform job
- Care for employee's parent, spouse, or child with a health condition
- Birth of employee's child or to care for employee's newborn child
- Placement with employee of a child for adoption or foster care

**NOTE:** Approval of any requested leave may be subject to the submission of applicable certifications verifying reason for absence.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_