



Time Off Request /Approval

Employee: _____ Request Date: _____

Category	Requested Date(s)	Hours
<input type="checkbox"/> Vacation	_____	_____
<input type="checkbox"/> Sick/Personal Day	_____	_____

Comments: _____

Employee's Signature: _____

Administrative Use Only

- Excused (paid) Excused (unpaid) Unexcused (unpaid)

Approval Signature: _____

Notes: _____

EMPLOYEE NOTIFIED OUTLOOK EMPLOYEE FILE