

Date: _____

Time Off / Vacation Request Form
(For Scheduling Purposes)

Name: _____

Dates Requesting off: _____ to _____
(month/day/year) (month/day/year)

Comments:

Signature

**IN ADDITION TO THIS TIME OFF/VACATION REQUEST FORM,
EMPLOYEES MUST ALSO SUBMIT THE SICK/VACTION PAY REQUEST
FORM**

Scheduling Use ONLY

Approved: Yes _____ No _____