



Time Off Request Form

Employee's Name (Last)	(First)	(Middle Initial)
Date(s) of Absence	Number of Paid Hours	Number of Unpaid Hours
Charge Absence To:	Dates	Comments
Bereavement		
Educational Leave		
Medical Leave (FMLA)		
Jury Duty		
Military Leave		
Paid Holiday		
Exempt Time Off (ETO)		
Paid Time Off (PTO)		
Unpaid Time Off		
Other		
Employee's Signature	Date	
<u>To be Completed by Component/Administration Only:</u>		
Will position need to be covered while employee is absent? YES _____ NO _____		
If "YES", who will fill-in during employee's absence (specify name, if possible)? Name of employee to fill-in: _____	Supervisor Approval	
	Date	
Payroll Approval	HR Director Approval	Additional Comments:
Date	Date	