

## REQUEST FOR TIME OFF

Location: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Date submitted: \_\_\_\_\_

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### EMPLOYEE REQUEST:

Type of request:

☐ Sick ☐ Bereavement Leave  
☐ Personal Day ☐ Excused Unpaid Leave  
☐ Prof Development ☐ FMLA  
☐ Jury Duty ☐ Military Leave of  
☐ Vacation ☐ Absence

Beginning on: \_\_\_\_\_

Ending on: \_\_\_\_\_

Total working days: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature/Date

### REQUEST APPROVAL:

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature/Date

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Pastor or Principal Signature/Date