

REQUEST FOR SCHEDULED TIME OFF

COMPLETE ONE FORM PER PAY PERIOD FOR BENEFIT TIME REQUESTED

SECTION 1:

- 1. Employee Name: \_\_\_\_\_ 2. Title: \_\_\_\_\_
- 3. Employee Number: \_\_\_\_\_ 4. Department: \_\_\_\_\_ 5. Unit: \_\_\_\_\_
- 6. Shift: \_\_\_\_\_ 7. Hire Date: \_\_\_\_\_

<b>Benefit Hours: Requesting</b>	_____ Vacation	_____ Personal Time	_____ Other
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PLEASE CIRCLE APPROPRIATE MONTH AND DAY(S) YOU ARE REQUESTING OFF.

JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC				
01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

- APPROVED
- DENIED
- Revised as follows

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

\_\_\_\_\_

\_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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