

**TIME-OFF REQUEST FORM**

Please submit your request to your supervisor/manager **2 to 3** weeks in advance, whenever possible.

Submission of this form is **not** a guarantee of approval of time off. A supervisor's signature is required for approval.

**EMPLOYEE INFORMATION**

NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_  
*(PRINT PLEASE)*

NUMBER OF DAYS REQUESTED: \_\_\_\_\_ PARTIAL NUMBER OF HOURS REQUESTED: \_\_\_\_\_

TYPE OF REQUEST	START DATE	END DATE	RETURN DATE	TIME FOR PARTIAL HOURS
<input type="checkbox"/> <b>VACATION</b> Prior Approval required for requests				FROM: _____ am / pm TO: _____ am / pm
<input type="checkbox"/> <b>*SICK TIME</b> 3 or more consecutive days off require Doctor's Note before returning to work.				FROM: _____ am / pm TO: _____ am / pm
<input type="checkbox"/> <b>KIN CARE</b> Accrued sick time can be taken to care for a child, spouse, domestic partner, parent, grandparent, grandchild, sibling, or legal ward who is ill. 3 or more consecutive days off require Doctor's Note.				FROM: _____ am / pm TO: _____ am / pm
<input type="checkbox"/> <b>BEREAVEMENT LEAVE</b> Immediate Family Member				FROM: _____ am / pm TO: _____ am / pm
<input type="checkbox"/> <b>**UNPAID</b> May be allowed <u>only</u> if accrued vacation hours have been depleted and must be approved by your manager or HR Manager.				FROM: _____ am / pm TO: _____ am / pm
<input type="checkbox"/> <b>OTHER</b>				
<input type="checkbox"/> <b>REQUEST CANCELLATION</b>		<input type="checkbox"/> <b>UNEXCUSED ABSENCE</b>		
<p><b>Note:</b> Production employees returning from sick day(s) <u>must</u> check-in with lead or supervisor before entering clean room area.</p>				

**Employee Request**

Employee Signature	Date
<b>Manager / Supervisor Approval</b>	
Manager Signature	Date

TLO \_\_\_\_\_

CC: EMPLOYEES PERSONAL  
PAYROLL FILES

OUTLOOK \_\_\_\_\_