

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"/> VACATION Prior Approval required for requests				FROM: _____ am / pm TO: _____ am / pm
<input type="checkbox"/> *SICK TIME 3 or more consecutive days off require Doctor's Note before returning to work.				FROM: _____ am / pm TO: _____ am / pm
<input type="checkbox"/> KIN CARE 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"/> BEREAVEMENT LEAVE Immediate Family Member				FROM: _____ am / pm TO: _____ am / pm
<input type="checkbox"/> **UNPAID May be allowed <i>only</i> 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"/> OTHER				
<input type="checkbox"/> REQUEST CANCELLATION		<input type="checkbox"/> UNEXCUSED ABSENCE		
<p>Note: Production employees returning from sick day(s) <u>must</u> check-in with lead or supervisor before entering clean room area. **Not applicable to approved leave of absence or parental school visits.</p>				
<input type="checkbox"/> VACATION PAYOUT - INCLUDE 401k/Roth deduction				
<input type="checkbox"/> VACATION PAYOUT - DO NOT INCLUDE 401k/Roth deduction				

Employee Request

Employee Signature	Date
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Manager / Supervisor Approval

Manager Signature	Date
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TLO _____

OUTLOOK _____

CC: EMPLOYEES PERSONAL
PAYROLL FILES