

Employee Personal Time Off Request Form

			Employee	<u>Informatio</u>	<u>on</u>					
Last Name	ast Name					First Name				
Office Phone ()					Office Email					
Employee ID #					Job Title					
		Person	al Time Off	DATE(S)	Request	ed				
Family Medical Leave (FML	A); Annual						AL); Compens	satory (CL)		
DATE	HRS	TYPE	DATE	HRS	TYPE	DATE	HRS	TYPE		
	•		Employee	e's Signatuı	<u>:e</u>			•		
Lunderst	tand that	t the reques	st for leave is	contingent	unon my s	supervisors' app	nroval			
T diffeels	and that	tine reque	30 101 1 00 0 15	contingent	apon my .	apervisors app	provur.			
SignatureDate										
*P			be authorized by y	our department	s Supervisor,	Manager, or Director				
REQUEST APPR	ROVED				REQUES	ST DENIED				
COMMENTS										
Last Name First Name										
Title										
	Signature						Date			