



## Employee Personal Time Off Request Form

### Employee Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Office Phone (\_\_\_\_) \_\_\_\_\_ Office Email \_\_\_\_\_

Employee ID # \_\_\_\_\_ Job Title \_\_\_\_\_

### **Personal Time Off DATE(S) Requested**

Family Medical Leave (FMLA); Annual (AL); Sick (SL); Personal (PL); Civil/Juror (CJL); Military (ML); Administrative (AL); Compensatory (CL)

DATE	HRS	TYPE	DATE	HRS	TYPE	DATE	HRS	TYPE

### Employee's Signature

I understand that the request for leave is contingent upon my supervisors' approval.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Personal Time Off can only be authorized by your department's Supervisor, Manager, or Director**

**REQUEST APPROVED** ☐

**REQUEST DENIED** ☐

**COMMENTS** \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Title \_\_\_\_\_

Signature

Date