Time off Request Sheet

***Requested time off must be submitted 30 days prior to requested dates off.***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_

**REQUESTED DATES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date You Will Return to Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Type of Request

* Personal Leave
* Bereavement Leave
* Jury Duty
* Military Leave
* Family and Medical Leave (Do NOT complete this form if you are taking NYS PFL, contact Amber)
* Vacation
* Time off to vote

*I understand that time away from work is subject to TMD approval and company policies.*

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

**Office Use Only**

 Vacation Time Balance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **-** Hours Use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time Left: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Approved:**

* **Yes**
* **No**

***Supervisors Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_***