

REQUEST FOR PAID TIME OFF

Sick

Vacation

Employee Name: _____

Leave Start Date: _____ Leave End Date: _____

Total Days of Leave: _____

Employee Signature: _____

Approved By: _____

Comments: _____

A 30-day notice is necessary for a leave of one week or more, and a 5-day notice is necessary for 1 to 3 days of leave to ensure adequate coverage during employee absences. Please be advised that if proper notice is not given, requested leave time cannot be guaranteed.