



## PAID TIME OFF REQUEST FORM

Ample notification is requested so coverage can be coordinated. Please return request to your immediate supervisor for approval. No leave is given without approval.

**Supervisor to email form to Staff Assistant for recording on calendar.**

Employee First Name:	Employee Last Name:
Department:	Date of Request (MM/DD/YYYY):

	Day of the week:	Month (MM):	Day (DD):	Year (YY):
<b>Requested leave BEGINS:</b> (First day off)				
<b>Requested leave ENDS:</b> (Last day off)				

**Total hours of leave requested**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

**Supervisor Approval**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**