



# TIME OFF REQUEST FORM

Employee Name: \_\_\_\_\_ Dept: \_\_\_\_\_

Please indicate the type of absence:

<input type="checkbox"/> Paid Sick Time	<input type="checkbox"/> * Personal Time	<input type="checkbox"/> * Jury Duty	<input type="checkbox"/> * Bereavement
<input type="checkbox"/> Vacation-With Pay	<input type="checkbox"/> * Medical Leave	<input type="checkbox"/> * Military	<input type="checkbox"/> Other
<input type="checkbox"/> Vacation-Without Pay	<input type="checkbox"/> * Maternity/ Paternity Leave	<input type="checkbox"/> * To Vote	

\* If leave related, HR may/will request additional documentation confirming the need for the absence.

I am requesting the following days off:

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ Returning On: \_\_\_\_\_ # of Hrs.: \_\_\_\_\_

Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Please turn in to your immediate supervisor)

Manager/Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Request APPROVED:

Request DENIED:  Reason: \_\_\_\_\_

VP Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Only required for exempt employees requesting more than 1 week at a time)

Request APPROVED:

Request DENIED:  Reason: \_\_\_\_\_

**--Please submit all Time Off Requests to Payroll at payroll@mgeunderground.com**