



Request for Time Off

(Hourly/Non-exempt employee)

Absence Information

Employee Name: _____

Employee Number: _____ Department: _____

Supervisor: _____

Type of Absence Requested:

- Sick Vacation Bereavement Jury Duty
 Comp Time Time off without pay (*Use Leave of Absence Request form for LOAs*)

Date of Absence

From: _____ (first day of leave) To: _____ (date of return to work)

Reason: _____ Total Time Requested: _____ (hours)

You must submit requests for absences, other than sick leave, two days prior to the first day you will be absent.

Employee Signature: _____ Date: _____

Manager Approval

- Approved Rejected

Comments:

Supervisor Signature: _____ Date: _____

Department Time Administrator Entry

DTA Signature: _____ Date: _____