Employee Name Date

**To: Supervisor/Office Manager/Office Assistant (insert appropriate title)**

Date(s):

Scheduled time off: \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_ ( e.g., 8 am to 1:30 pm)

Number of days:

Number of hours:

Reason for Absence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check the box for the reason for the time off and indicate the number of hours next to the reason:

Paid Time Off (PTO) \_\_\_\_\_\_\_\_\_ hours

Vacation  hours

Healthy Workplaces, Healthy Families (Paid Sick Leave) \_\_\_ \_\_\_\_ hours

Illness/Sick Leave \_\_\_\_ hours

Jury Duty hours (attach summons)

Bereavement hours; Note relative deceased:

Other (explain):

Employee’s Signature Date

Approved Not Approved

Supervisor/Office Manager/Office Assistant Approval Date

(insert appropriate title)

Received and Processed by Human Resources/Payroll Date