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