



<b>Document Name</b>	Time Off Form
<b>Document Number</b>	2006f
<b>Last revised</b>	August 9, 2022
<b>Purpose</b>	Tracking time off and to ensure employees are compensated appropriately during their absence
<b>Connecting Documents</b>	2006p
<b>Connecting Forms</b>	Not applicable
<b>Connecting Systems</b>	2006s

TODAY'S DATE: \_\_\_\_\_  
 APPLICANT NAME: \_\_\_\_\_  
 DATES REQUESTED: \_\_\_\_\_  
 REASON: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_

<input type="checkbox"/>	<b>Time Off</b>  <input type="checkbox"/> without pay <input type="checkbox"/> with pay	Choose this option for short leaves under 1 week. If you check off "with pay", your <b>vacation</b> savings will be used to replace lost income.
<input type="checkbox"/>	<b>Vacation (2 weeks' notice required)</b>	Choose this option if you will be away from work for one full week or longer. Your vacation savings will be used.
<input type="checkbox"/>	<b>Vacation Payout</b>  Amount _____ or All <input type="checkbox"/>	Choose this option only to request a payout of your vacation savings <b>without</b> any time off.
<input type="checkbox"/>	<b>Sick (retroactive only)</b>  <input type="checkbox"/> without pay <input type="checkbox"/> with pay	If you were sick and missed work, choose this option. If you check off "with pay", your <b>vacation</b> savings will be used to replace lost income.

**Please forward completed form to your supervisor or manager**

**Manager:**  
 Approved       Declined      Signature: \_\_\_\_\_

**Administration/ Payroll:**  
 Form is complete       HR Calendar updated       Employee Notified (email / invite)  
 Time off record reviewed       Declined       Approved      Initial: \_\_\_\_\_  
 Comments: \_\_\_\_\_

