

PERSONNEL SOLUTIONS PLUS
Time Off Request Form



Today's Date:		
Full Name:	Employee ID#:	
TIME OFF REQUESTED		
<input type="checkbox"/> Personal Time Off		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Dates Requested: From _____ To _____	# of Days:
<input type="checkbox"/> Comp-Time		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Dates Requested: From _____ To _____	# of Days:
<input type="checkbox"/> Scheduled/Unpaid Time Off		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Dates Requested: From _____ To _____	# of Days:
<input type="checkbox"/> Bereavement Time		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <small>*Relationship: _____</small>	Dates Requested: From _____ To _____	# of Days:
<input type="checkbox"/> Jury Duty		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <small>*Attach notice to serve duty.</small>	Dates Requested: From _____ To _____	# of Days:
PAID IN ADVANCE (Must be given 2-weeks before time off)		
Payroll Date to Process:	Dates of Leave:	
UNSCHEDULED TIME		
Time Notified:		
Notified Process:		

- As a condition of employment, all employees are expected to report to work on time for their scheduled workdays.
- I certify that the above information is true and correct. I understand that any misrepresentation concerning the above facts can result in termination or employment.
- I also agree that upon termination if I have been paid any unearned Vacation or Personal Time will be deducted from my last paycheck. When terminated for cause or resignation without a customary notice period (usually 2-weeks) no vacation or personal accruals will be paid out, if applicable.

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
PRESIDENT CEO/CHIEF OPERATIONS SIGNATURE	DATE