

**LEAVE / TIME OFF FORM**

Employee Name:       Date:

Please enter number of leave hours requested, i.e. one shift=8 hours.

Sick:       Annual/Vacation:

Date(s) Requested Off:

Date(s) Returning to Work:

Total Hours Requested Off:

Employee Signature Date

Employee Covering Shift Date

Approved: [ ]

Not Approved: [ ]  Reason:

Supervisor Signature Date

 For Accounting Department Use Only

Received Date:       Processed Date:       Initials: