**TIME OFF REQUEST FORM**

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| --- | --- |
| **EMPLOYEE INFORMATION** |  |
| **PROGRAM/ UNIT/DEPT**  | **e.g. Beausoleil A**  | **Skill:** | Choose an item. |
| **NAME:** | **First Name** | **Last Name** |
| **Employee Type** | Choose an item. | **DATE** **Submitted** | MM-DD-YYYY |
| [ ] I have reviewed the status of my current benefit bank balances. With this request, I confirm by selecting this checkbox that I will not exceed the vacation time allocated for the calendar year[ ]  I confirm I do not have any activities, meeting(s), education, etc. prescheduled.  |
| **TIME OFF REQUEST INFORMATION** |  |
| **Date(s) Requested**  | **Partial Days Hours requested** | **Vac-ation** | **Overtime Credits Taken** | **Stat Taken** | **Part-time unpaid vacation** | **Criteria Met/ Credits avail**  | **Approved****Or Denied****(Manager)** | **QHR Updated** |
| From:Click here to enter a date.To:Click here to enter a date. | e.g.1500-1900 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  |
| From:Click here to enter a date.To:Click here to enter a date. |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  |
| From:Click here to enter a date.To:Click here to enter a date. |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  |
| **MANAGER SIGNATURE** |  | **DATE: MM-DD-YYYY** |