**TIME OFF REQUEST FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | | | | | |