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Time-Off Leave Request

To be Completed by Employee: Use this request form for Non Family Medical Leave Act (FMLA) scheduled absences from work such as Vacation, Paid Time Off (PTO) or Sick Leave. Note: Your paycheck will be handled as usual unless other arrangements are made with your supervisor.

Employee Name:		Employee Last 4 SSN:	
Job Title:		Department:	
Type of Leave Request: <input type="checkbox"/> Vacation <input type="checkbox"/> Paid-Time-Off (PTO) <input type="checkbox"/> Sick Leave			
Dates Requested		From:	To:
Total Number of Days:		Total Number of Hours:	
To be Completed by Supervisor:			
<input type="checkbox"/> Full-Time Employee:		<input type="checkbox"/> Part-Time Employee: • Part-Time, Use Average Hours	
Employee Hire Date:			
Number of Days Available:		Number of Hours Available:	
Request:		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Days Used This Request:		Hours Used This Request:	
Days Remaining:		Hours Remaining:	
If denied, please state reason(s):			
Comment:			
Employee Signature		Date	
Note: Failure to notify your Supervisor of a delay in return may affect your employment status. Any extension must be approved by your supervisor.			
Supervisor Name		Employee Number (Office Use Only)	
Supervisor Signature		Date	

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