

TIME OFF REQUEST

EMPLOYEE NAME			
BENEFIT YEAR (I.E. 2015)			<u>STATUS</u>
SSN (LAST 4 DIGITS)			O FULL TIME
CLIENT NAME			O PART TIME
CLIENT IVAIVIE			
DESCRIPTION	DATE FROM DATE TO	WHOLE / HA	ALF TOTAL # DAYS OFF
	<u> </u>	O WHOLE DA	
○ РТО		O HALF DAY	,
_		O WHOLE D	AV
O JURY DUTY		O HALF DAY	
		O HALI DAT	
O BEREAVEMENT TIME		O WHOLE DA	AY
O IMMEDIATE FAMILY	Sefer to complement handbook for quidelines	O HALF DAY	
O NON-RELATIVE (UNPAID TIME)	Refer to employer handbook for guidelines.		
		O WHOLE DA	AV
FMLA OR MEDICAL (UNPAID)		O HALF DAY	
	Refer to employer handbook for guidelines.	O HALI DAT	
		O WHOLE DA	AY
O PERSONAL LEAVE (UNPAID)		O HALF DAY	
	Refer to employer handbook for guidelines.		
NOTES			
		-	
EMPLOYEE (PLEASE PRINT)			
EMPLOYEE SIGNATURE		DATE	
AAANACED (DI FASE DRINT)			
MANAGER (PLEASE PRINT)			
MANAGER SIGNATURE		DATE	
SIGNATURE OF HR (FOR FMLA)		DATE	

FAX TO HUMAN CAPITAL: (248) 353-3829