



TIME OFF REQUEST

EMPLOYEE NAME	
BENEFIT YEAR (I.E. 2015)	
SSN (LAST 4 DIGITS)	
CLIENT NAME	

STATUS	
<input type="radio"/>	FULL TIME
<input type="radio"/>	PART TIME

DESCRIPTION	DATE FROM	DATE TO	WHOLE / HALF	TOTAL # DAYS OFF
<input type="radio"/> PTO			<input type="radio"/> WHOLE DAY <input type="radio"/> HALF DAY	
<input type="radio"/> JURY DUTY			<input type="radio"/> WHOLE DAY <input type="radio"/> HALF DAY	
<input type="radio"/> BEREAVEMENT TIME <input type="radio"/> IMMEDIATE FAMILY <input type="radio"/> NON-RELATIVE (UNPAID TIME)			<input type="radio"/> WHOLE DAY <input type="radio"/> HALF DAY	
	<i>Refer to employer handbook for guidelines.</i>			
<input type="radio"/> FMLA OR MEDICAL (UNPAID)			<input type="radio"/> WHOLE DAY <input type="radio"/> HALF DAY	
	<i>Refer to employer handbook for guidelines.</i>			
<input type="radio"/> PERSONAL LEAVE (UNPAID)			<input type="radio"/> WHOLE DAY <input type="radio"/> HALF DAY	
	<i>Refer to employer handbook for guidelines.</i>			

NOTES

EMPLOYEE (PLEASE PRINT)

EMPLOYEE SIGNATURE

DATE

MANAGER (PLEASE PRINT)

MANAGER SIGNATURE

DATE

SIGNATURE OF HR (FOR FMLA)

DATE

FAX TO HUMAN CAPITAL: (248) 353-3829