

Time Off Request

Employee Information

Employee Name: _____

Benefit Year (IE 2015): _____

SSN (Last 4 Digits): _____

Client Name: _____

Status: Full Time Part Time

Description	Date From	Date To	Whole/Half	Total Number of Days
<input type="checkbox"/> PTO			<input type="checkbox"/> Whole Day <input type="checkbox"/> Half Day	
<input type="checkbox"/> Jury Duty			<input type="checkbox"/> Whole Day <input type="checkbox"/> Half Day	
<input type="checkbox"/> Bereavement Time <input type="checkbox"/> Immediate Family <input type="checkbox"/> Non-Relative (Unpaid Time)	Refer to employer handot book for guidelines		<input type="checkbox"/> Whole Day <input type="checkbox"/> Half Day	
<input type="checkbox"/> FMLA or Medical (Unpaid)	Refer to employer handot book for guidelines		<input type="checkbox"/> Whole Day <input type="checkbox"/> Half Day	
<input type="checkbox"/> Personal Leave (Unpaid)	Refer to employer handot book for guidelines		<input type="checkbox"/> Whole Day <input type="checkbox"/> Half Day	

Notes

Employee Signature: _____ Manager Signature: _____

Employee (Please Print): _____ Manager (Please Print): _____

Date: _____ Date: _____

Signature of HR (For FMLA): _____ Date: _____

Please return completed form via email or fax to payroll@human-capital.com or 248.281.5102