



# REQUEST FOR TIME OFF



Date Submitted: \_\_\_\_\_

\_\_\_\_\_ IS REQUESTING THE FOLLOWING DATES:

(EMPLOYEE NAME, please print)

\_\_\_\_\_ thru \_\_\_\_\_

First Day Off

Last Day Off

Please list the dates as they occur **within each payroll week using a separate form for each week** requested off.  
Payroll period runs Sunday thru Saturday.

**PLEASE CHECK ONE OF THE FOLLOWING**

\_\_\_\_\_ **VACATION:** Requested Hour(s): \_\_\_\_\_

**Vacation time will be approved at the discretion of management and production needs. Please refer to the Employee Handbook #303 Vacation Benefits for full details.**

**\*\*8/10/12 HOURS (whatever your shift hours are) OR LESS MUST BE SUBMITTED 24 HOURS IN ADVANCE.**

**\*\* MORE THAN 1 FULL DAY MUST BE SUBMITTED AT LEAST 7 DAYS IN ADVANCE.**

\_\_\_\_\_ **EMERGENCY VACATION WAS REQUESTED AT CALL IN:** Requested Hours: \_\_\_\_\_

\_\_\_\_\_ **PRE-ARRANGED TIME OFF:** (This is UNPAID TIME OFF-Limit 5 per calendar year)

Full Day(s) Off \_\_\_\_\_ Leave early \_\_\_\_\_ Arrive late \_\_\_\_\_ Time leaving early or arriving late \_\_\_\_\_

*Unpaid time off may be granted to employees without vacation time available but must be pre-arranged and approved by your supervisor 24 hrs prior to requested time off.*

\_\_\_\_\_ **SUPPLEMENTAL PAY:** Hour(s) \_\_\_\_\_ (enter number of hours you wish to receive pay for)

Supplemental pay may not be used for Disciplinary Time Off or for an Unauthorized Leave Early. Points will still be assigned as appropriate per the attendance policy. Employees may use earned vacation hours to supplement pay for hours lost due to time not worked. Supplemental vacation pay does not need supervisor approval.

\_\_\_\_\_ **BEREAVEMENT TIME OFF:** Full Day(s): \_\_\_\_\_ (Bereavement benefit is paid as 8 hour days.)

You must provide a copy of the obituary prior to receiving Bereavement pay. **Please refer to the Employee Policy #309**

\_\_\_\_\_ **FMLA (Family Medical Leave):** Requested hours: \_\_\_\_\_

See Employee Policy #607 for full details

\_\_\_\_\_ **FFCRA (Families First Coronavirus Relief Act),** sick pay to employees for qualifying reasons (see letter dated 3/27/2020), qualifying conditions apply (only applicable from April 2, 2020 to December 31, 2020)

**SUPERVISOR APPROVAL:** Is anyone else in the department scheduled for time off at the same time of this request:

NO \_\_\_\_\_ YES \_\_\_\_\_ Who: \_\_\_\_\_

**Time Off Approved** \_\_\_\_\_

**Time Off Denied** \_\_\_\_\_

\_\_\_\_\_ **SUPERVISOR SIGNATURE**

\_\_\_\_\_ **DATE**

**PAYROLL DEPARTMENT**

**Vacation hours available for employee** \_\_\_\_\_

**Vacation Hours Paid:** \_\_\_\_\_

**On Payroll #:** \_\_\_\_\_

**Payroll Date:** \_\_\_\_\_

**Posted to Company Calendar:** \_\_\_\_\_

**Posted to Employee Vacation Accrual:** \_\_\_\_\_