

TIME OFF REQUEST

NAME: _____ DATE: _____

STATION: _____ **DEPARTMENT:** _____

REQUESTED DAYS: _____

CHARGE TO: VACATION PERSONAL UNPAID LEAVE

VACATION DAYS ACCRUED: _____ VACATION **DAYS USED** TO DATE: _____

PERSONAL DAYS ALLOWED: _____ PERSONAL DAYS USED: _____

VACATION DAYS REQUESTED IN **ADVANCE:** _____

I AUTHORIZE THE COMPANY TO WITHHOLD COMPENSATION **FOR ALL VACATION DAYS USED** IN ADVANCE **AND NOT ACCRUED PRIOR TO MY LEAVING THE COMPANY FROM MY FINAL PAYCHECK.**

EMPLOYEE SIGNATURE: _____ DATE: _____

MANAGER APPROVAL: _____ DATE: _____