

## REQUEST FOR TIME OFF

In order to minimize the impact of employees taking time off from work, SVSWA requires employees to submit a request for time off to management. Requests should be submitted as far in advance as possible. All requests for time off require approval by management and will be reviewed based on a number of factors, including business needs and staffing requirements. Refer to Chapter 4 (Employee Benefits) of the Employee Handbook for details.

### REQUEST

Employee Name:	Today's Date:
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See Note on Page 2      **Date(s) of Request:**

Requested Time Off:	<b>Time: From:</b>	am pm	<b>To:</b>	am pm	<b>Total Hours:</b>
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Reason for Time Off:	<input type="checkbox"/> Paid Time Off	<input type="checkbox"/> Bereavement Leave	<input type="checkbox"/> Jury Duty
<input type="checkbox"/> Comp Time	<input type="checkbox"/> Flex Leave	<input type="checkbox"/> Community Service	<input type="checkbox"/> Management Leave
<input type="checkbox"/> Family/Medical Leave	<input type="checkbox"/> Floating Holiday	<input type="checkbox"/> Other: _____	

Flex Work Week       Make Up Time

Flex or Make Up Time Date and Time: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

### APPROVAL

The above request is approved.

The above request is approved, subject to:

\_\_\_\_\_

\_\_\_\_\_

The above request is denied for the following reason(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

