

EMPLOYEE REQUEST OFF FORM:

EMPLOYEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

☐ PAID TIME OFF  
☐ TIME OFF WITHOUT PAYDATES REQUESTING OFF: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

IF APPROVED:

AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

IF DENIED:

DENIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REASON FOR DENIAL: \_\_\_\_\_

**\*\*HOLIDAYS AND WEEKENDS CAN NOT BE REQUESTED OFF- YOU MUST TRADE WITH A COWORKER TO GET THOSE DAYS OFF.**

**\*REQUESTS OFF ARE NOT GUARANTEED, IT IS A REQUEST FOR THE DAY OFF.  
DUE TO STAFFING, ALL OF YOUR REQUESTS OFF WILL NOT BE GRANTED\***

**WHEN COMPLETED, TURN IN TO KRIS**