

EMPLOYEE REQUEST OFF FORM:

EMPLOYEE NAME: _____ DATE: _____

PAID TIME OFF
 TIME OFF WITHOUT PAY

DATES 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