

# UNCLASSIFIED & CLASSIFIED TIME OFF REQUEST

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Supervisor's Title

FROM: \_\_\_\_\_  
(Print/Type Name)

I request permission to be absent from the University on the following date(s):

\_\_\_\_\_ To \_\_\_\_\_

Vacation \_\_\_\_\_ #of hours

Personal Holiday \_\_\_\_\_ # of hours

Sick \_\_\_\_\_ # of hours

Other (Explain) \_\_\_\_\_

\_\_\_\_\_

While absent I may be contacted at: \_\_\_\_\_

During my absence, my duties will be taken care of by: \_\_\_\_\_

**\*\*NOTE: PLEASE CONTINUE TO NOTIFY SUPERVISOR ON DAYS OF UNPLANNED ABSENCES. UPON RETURN TO WORK, PLEASE COMPLETE AND SUBMIT TIME OFF REQUEST FORM TO SUPERVISOR FOR APPROVAL.**

APPROVED

NOT APPROVED

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

ROUTE APPROVED FORM TO  
PAYROLL/ABSENCE MANAGEMENT COORDINATOR