

# TIME-OFF REQUEST FORM

Fill in "Employee Section" and return to your Supervisor.

Requests should be made at least two (2) weeks prior to the date of absence, whenever possible.

## EMPLOYEE SECTION

Employee's Name: \_\_\_\_\_  
*First Name - Please Print* *Last Name - Please Print*

### Absence Information:

Dates of absence from work:

Starting On.....:    /    /   ; Departure Time (Only enter for partial days.).....:    :    am / pm  
*mm dd yy* *circle one*

I will return to work on:    /    /   ; Return Time(Only enter for partial days.).....:    :    am / pm  
*mm dd yy* *circle one*

I am requesting time off for the following reason:

- Jury Duty       Military Leave       Medical Leave (Short Term Disability)
- Family Medical Leave Act (FMLA) (*Official application forms are needed - See HR Dep't.*)  
       for the birth and care of the newborn child of the employee  
       for placement with the employee of a son/daughter for adoption/foster care  
       to care for an immediate family member (*spouse, child, or parent*) with a serious health condition  
       to take medical leave when the employee is unable to work because of a serious health condition
- Personal Leave \_\_\_\_\_  
*Explain reason for absence of three days or more for personal reasons.*
- Personal Emergency: I hereby certify that I missed work time on the above dates due to a personal emergency and the nature & circumstance of my personal emergency was: \_\_\_\_\_  
\_\_\_\_\_
- Funeral/Bereavement \_\_\_\_\_  
*Explain relationship to deceased.*
- Subpoenaed Court Appearance \_\_\_\_\_  
*Explain court case.*
- Other \_\_\_\_\_  
*Explain.*

**I would like my time-off to be:**     PAID (*Deduct from my "PTO", if eligible*)     UNPAID (*Deduct from my "UTO", if eligible*).

- I understand that if my absence does not meet the criteria for an "Excused Absence" (*as outlined in the Company Handbook*) my absence will be subject to attendance points (*even if "scheduling approval" is obtained from my Foreman*).
- I understand that if I'm not eligible for PTO, or if I've used up all my PTO, my absence will be UNPAID.
- I understand that I'm required to reserve PTO days to cover pay for "Company-Scheduled Plant-Closed Days".

\_\_\_\_\_  
*Employee Signature*      Date:    /    /     
*mm dd yy*

## MANAGEMENT SECTION (Scheduling approval - based on work-load & staffing considerations.)

Approved     Must Reschedule; Supervisor's Signature: \_\_\_\_\_

Approved     Must Reschedule; Foreman's Signature (**required**): \_\_\_\_\_

Remarks: \_\_\_\_\_

**Forward this form to the Human Resources Department.**

**"PTO" = Paid-Time-Off | "UTO" = Unpaid-Time-Off**