

EMPLOYEE INFORMATION

Employee: _____ Date of Hire: _____
Supervisor: _____

PAID TIME OFF REQUEST

Date(s) Requested:
From: _____ to _____
Days _____

JURY/BEREAVEMENT LEAVE

Date(s) Requested:
From: _____ to _____
Days _____

Employee Signature: _____ Date: _____

FOR OFFICE USE ONLY

APPROVAL

Approval: _____ Date: _____