|  |  |
| --- | --- |
|  | Time-off Request Form |

#

## Request Information

|  |  |
| --- | --- |
| Employee Name: |  |
| Department: |  |
| Manager: |  |
| Type of Absence Requested: |
| [ ]  Sick | [ ]  | Vacation | [ ]  | Jury Duty | [ ]  | Time Off Without Pay |
| [ ]  Military | [ ]  | Maternity | [ ]  | Bereavement | [ ]  | COVID EE Sick time |
| [ ]  Other \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |

**Date(s) Requested:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Hours Requested**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| *Explanation for Absence (if needed):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
|  |  |
| Employee Signature | Date |

## Manager Approval

|  |  |  |
| --- | --- | --- |
|  | [ ]  | Approved |
|  | [ ]  | Rejected |

|  |
| --- |
| Comments: |

|  |  |
| --- | --- |
|  |  |
| Manager Signature | Date |

Once completed, please email form to Shawna Barva (shawna@zglobal.biz).