# Time-Off Request Form

*For Center Employees Only*

Employee Name _____ Date Submitted _____

Center Name _____ Circle one: Hourly Salaried

☐ **PTO** _____ _____
Date(s) Off Hours Used

☐ **Floating Holiday** _____ _____
*(Can only be used in a full-day increment)* Date Off Hours Used

☐ **Bereavement** _____ _____
*Relationship* _____ Date(s) Off Hours Used

☐ **Jury Duty** _____ _____
Date(s) Off Hours Used

☐ **Attendance at Conference/Training** _____ _____
Date(s) Off Hours Used

*Name of Conference/Training Program* _____

☐ **Military Leave**

Annual Training Date: Start _____ End _____

Date Called to Duty _____ Anticipated Return Date _____

☐ **Unpaid** _____ _____
*(Cannot be used in lieu of PTO)* Date(s) Off Hours Used

Reason _____

_____ _____
Employee Signature (Required) Date

_____ _____
Supervisor Signature (Required) Date

Notice is required for all time off. Additional documentation may be required for time off requests. Examples of which are: Bereavement, Jury Duty and Military. See Center Administrator if you have any questions. Management reserves the right to deny requests due to needs of the business.

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