

Time Away from Work Request			
Date:		Employee Name:	
Client Name:		Social Security #:	
Position:		Department:	
Time Off Details			
Date of Request:	Time Off From:	Time Off To:	Returning to Work on:
Type *	Amount of Time Requested	Hours/Days available at Time of Request	
PTO			
Vacation			
Sick			
Personal			
Floating Holiday			

\*Refer to your Employee Handbook as to what your employer offers you in regards to time away from work

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Authorization \_\_\_\_\_

Date \_\_\_\_\_