

Request for Time Off / Time Adjustment

Note: You must submit request for absences, other than sick leave, by the 15th of the month prior the first day you will be absent. Time adjustments should be submitted at the end of the shift.

Employee Name _____ ID _____

Type of Adjustment Requested: (You May Select More Than One)

<input type="checkbox"/> Vacation	<input type="checkbox"/> Bereavement	<input type="checkbox"/> Comp Time
<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Doctors Appointment	<input type="checkbox"/> LOA
<input type="checkbox"/> Illness / Injury (Self)	<input type="checkbox"/> Jury Duty	<input type="checkbox"/> FMLA
<input type="checkbox"/> Illness, Family	<input type="checkbox"/> Military Leave	<input type="checkbox"/> Maternity/Paternity
<input type="checkbox"/> Personal Day (Holiday)	<input type="checkbox"/> Shift Sub	<input type="checkbox"/> Available to Work
<input type="checkbox"/> Time IN _____	<input type="checkbox"/> Workman's Comp	<input type="checkbox"/> Kelly Day
<input type="checkbox"/> Time OUT _____	<input type="checkbox"/> Other (specify): _____	

Dates Effected (mm/dd/yy)

From _____ until _____

Total Hours of Leave Requested: _____

Reason for Absence / Adjustment:

Employee Signature

Date

Supervisor Approval:

Approved Denied

Comments:

Supervisor Signature

Date

<input type="checkbox"/> Shift Covered	<input type="checkbox"/> Log Entry	<input type="checkbox"/> Time Card Entry
<input type="checkbox"/> Unexcused / Unauthorized Absence	<input type="checkbox"/> Excused / Authorized Absence	
<input type="checkbox"/> Time off without Pay	<input type="checkbox"/> Paid Time Off	

Bank Balances

<input type="checkbox"/> Sick	<input type="checkbox"/> Vacation	<input type="checkbox"/> Comp
_____ Beginning Balance		
_____ This Occurrence		
_____ New Balance		