FORM 2.5.5 REQUEST FOR TIME OFF

Employee Name: _____

Year: _____

Start Date: _____ **End Date:** _____

Type of Leave being requested:

☐	**Vacation**	☐	**Extended Leave Without Pay**
☐	**Family illness/medical appointment**	☐	**Employee Medical Appointment**
☐	**Paid Bereavement Leave**	☐	**Unpaid Bereavement Leave**
☐	**Banked Flextime: _____hrs**		
☐	**Other – Specify** _____		

Please include pertinent notes:

_____

_____

_____

_____

_____   _____
Employee signature   Management signature

_____   _____
Date   Date

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