Site Development / Road Builders / Sewer and Water

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## Time Off Request Form Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Day(s) Requested Off: Reason for Request (Personal, Vacation, Medical, Etc.): Number of **Unpaid** Time Off Hours being Requested Send completed form to Payroll \*For Office Use Only\* Payroll - Complete this section and forward to Supervisor Time Off Hours To Date (Including This Request) Supervisor Approval \_\_\_\_\_\_ Approved \_\_\_\_\_ Declined (Reason for Decline): Approver's Signature:

Provide one copy to Payroll; one to Employee