



INSTRUCTOR TIME OFF REQUEST FORM

Your request for time off must be submitted and approved by management at least 3 weeks in advance.

EMPLOYEE INFORMATION

NAME: _____

TODAY'S DATE: _____

NUMBER OF DAYS REQUESTED: _____

STARTING ON: _____ ENDING ON: _____

I WILL RETURN TO WORK ON: _____

TYPE OF REQUEST

☐ VACATION

☐ FAMILY AND MEDICAL LEAVE

☐ PERSONAL LEAVE

☐ OTHER - Explain Below

☐ FUNERAL/BEREAVEMENT LEAVE

☐ JURY DUTY

COMMENTS

EMPLOYEE CERTIFICATION

I understand that time away from work is subject to management approval and company policies.

Employee Signature: _____ Date: _____

APPROVAL - MANAGEMENT ONLY

APPROVED: ☐ YES ☐ NO

Supervisor/Manager Approval: _____ Date: _____

Printed Name: _____ Title: _____