INSPIRATION MINISTRIES

Employee Time Off Request Form

Please use this form to request time off for any reason (e.g., vacation, medical, or personal). For FMLA leave, please see the Director of People Services.

This form must be submitted to your supervisor at least two (2) weeks prior to the intended leave time. If the form is submitted less than two (2) weeks prior to the intended leave time, employee may be required to find replacement staff to provide coverage during leave time.

This Section Completed by Employee

Employee Name: _____ **Request Date:** _____

Department: _____

Date(s) of Leave: First Day of Leave: _____ Return to Work Date: _____

Is replacement coverage required for you during leave time? Yes ❒ No ❒

Additional Notes:

Employee Signature: _____

This Section Completed by Supervisor

Leave time approved? Yes ❒ No ❒

Supervisor Signature: _____

Supervisor Comments: