

Time Off Request Forms

(Management approves dates requested, with an approval copy returned to you)

Name: _____

Date(s) requesting off: _____ #of days off: _____

Please indicate the type of time off by entering days being requested:

_____ Vacation Day

_____ Vacation Buy Back

_____ Vacation Week

_____ Island Day

_____ PDO (Days Used _____, Days Available _____)

_____ Funeral Leave (Up to 3 days w/pay for immediate Family; Parent, Child, Spouse, brother, sister, mother-in-law, father-in-law, grandparent, step-parent, step-child, step-brother, step-sister, or step-grandparent)

_____ Jury Duty (Provide copy of summons and JD payments)

_____ Military Duty (Additional forms required by HR)

_____ Other _____

Ensure request is filled out properly and completely and obtain the proper signatures below.

Employee Signature And Date

Resource Signature And Date

_____ Approved

_____ Not Approved