



# Employee Request for Time Off

Dates must be submitted to U.S. Staffing Agency at least 2 weeks prior to requested time off.

Employee Name (print): \_\_\_\_\_

Location: \_\_\_\_\_ Department: \_\_\_\_\_

Please complete the following information to apply for time off:

<u>Day</u>	<u>Date</u>	<u>Time (Ex: 8a to 2p)</u>	<input type="checkbox"/> Vacation Time	<input type="checkbox"/> Non-Paid Time
Sunday	___/___/___	_____ to _____	<input type="checkbox"/>	<input type="checkbox"/>
Monday	___/___/___	_____ to _____	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	___/___/___	_____ to _____	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	___/___/___	_____ to _____	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	___/___/___	_____ to _____	<input type="checkbox"/>	<input type="checkbox"/>
Friday	___/___/___	_____ to _____	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	___/___/___	_____ to _____	<input type="checkbox"/>	<input type="checkbox"/>

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor Approval:**

Time off Request:  Approved  Denied

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**U.S. Staffing Approval:**

Time off Request:  Approved  Denied

U.S. Staffing Agency : \_\_\_\_\_ Date: \_\_\_\_\_

**Payroll Use Only:**

P/R Week Ending: \_\_\_\_\_ P/R Pay Date: \_\_\_\_\_

VAC Hrs Used: \_\_\_\_\_ VAC Hrs Balance: \_\_\_\_\_

Non-Paid Hrs Used: \_\_\_\_\_

CC: Employee  
Employee File  
Payroll