DELAMAR

TIME OFF REQUEST FORM

- *Please fill out the top section of this form and submit it to your manager or department head for approval*
- *Vacation requests must be made at least **3 weeks in advance***

_____ _____

EMPLOYEE NAME ***DATE***

VACATION**:** ☐ SICK DAY**:** ☐ BIRTHDAY: ☐

_____ _____

Date Vacation Starts *Date returning to work* *Vacation Days Used*

_____ _____

Date of Sick/Personal Day *Date returned to work* *Number of Days Used*

Comments:

_____

_____

Employee's Signature: _____

Managers: If the vacation or sick time off request is approved, please sign and this form must be submitted to finance department for payroll processing

Comments: _____

APPROVED: ☐ DENIED: ☐

Managers Signature:_____*Date*:

Human Resources Signature: _____ *Date:*

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