

TIME OFF REQUEST FORM

EMPLOYEE REQUEST, SCHEDULE COVERAGE & APPROVAL RECORD

REQUEST DATE

EMPLOYEE ID

This form records an ordinary request for time away from work. It requests scheduling information, not a diagnosis. Submitting or signing it does not waive protected leave, accommodation, sick-time, wage, or other non-waivable rights.

1 PEOPLE & ORGANIZATIONS

EMPLOYEE

FULL LEGAL NAME / ENTITY

ADDRESS

PHONE

EMAIL

EMPLOYER / DEPARTMENT

FULL LEGAL NAME / ENTITY

ADDRESS

PHONE

EMAIL

2 REQUESTED DATES, HOURS & SCHEDULE

Identify the requested absence and the scheduled work affected.

START DATE

START TIME

END DATE

END TIME

TOTAL HOURS

WORKDAYS / SHIFTS AFFECTED

EXPECTED RETURN DATE

EMPLOYEE ID

NORMAL SCHEDULE / SHIFT

3 LEAVE CATEGORY

Select the administrative category requested. Do not include a diagnosis or confidential medical details on this form. Human Resources may separately request only documentation permitted by applicable law and policy.

Requested category — select one:

☐ Vacation / PTO

☐ Sick time

☐ Personal

☐ Bereavement

☐ Jury / civic duty

☐ Parental / family

☐ Unpaid time

☐ Other

4 WORK COVERAGE & COMMUNICATIONS

The Employee may propose practical coverage, handoff, and availability arrangements. Approval remains subject to staffing needs, policy, and applicable protected-leave rules.

COVERAGE / HANDOFF PLAN & RESPONSIBLE CONTACT

AVAILABILITY DURING ABSENCE (IF VOLUNTARILY OFFERED)

5 MANAGER / HR REVIEW

The decision below applies to this ordinary scheduling request. If the facts may involve protected leave or an accommodation, the Employer should provide the appropriate separate process and notices. A denial of this request does not determine eligibility for protected leave.

Manager decision:

☐ Approved ☐ Denied ☐ Pending information ☐ Modified dates proposed

APPROVED HOURS / DATES

DECISION DATE

HR review:

☐ Not required ☐ Reviewed ☐ Separate leave process initiated

6 RIGHTS PRESERVED

This ordinary request and any approval or denial do not waive, reduce, or decide rights under applicable protected-leave, disability-accommodation, paid-sick-time, wage-and-hour, anti-retaliation, collective-bargaining, or other non-waivable law or agreement.

7 SCHEDULING NOTES

Record nonmedical scheduling details, conditions of approval, modified dates, handoff items, or administrative follow-up. Do not enter a diagnosis or confidential medical information.

NONMEDICAL SCHEDULING / APPROVAL NOTES

8 SIGNATURES & ACKNOWLEDGMENTS

The Employee confirms the requested schedule information. Manager and HR signatures record the decision or review indicated above and do not waive or determine any protected right.

EMPLOYEE SIGNATURE

PRINT NAME

DATE

HUMAN RESOURCES SIGNATURE

PRINT NAME

DATE

MANAGER / SUPERVISOR SIGNATURE

PRINT NAME

DATE