

*Families MatterS*  
51123 Washington  
New Baltimore, Mi 48047

(586) 725-6026

*Time Off Request*

EMPLOYEE NAME:	REVIEWED BY:
DATE SUBMITTED: ____ / ____ / ____	DATE REVIEWED: ____ / ____ / ____

<b>TYPE OF REQUEST</b>	
<input type="checkbox"/> VACATION DATE(S): ____/____	<input type="checkbox"/> BEREAVEMENT/FUNERAL
<input type="checkbox"/> JURY DUTY	<input type="checkbox"/> CHANGE IN SCHEDULE: (see availability change form)
<input type="checkbox"/> OTHER: (explain) _____	

<b>STATUS OF TIME OFF REQUEST:</b>
<input type="checkbox"/> APPROVED
<input type="checkbox"/> NOT APPROVED/ REASON: _____

DATE(S) REQUESTED: \_\_\_\_\_ - \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

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

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