

# Time Off Request Form



<b>EMPLOYEE NAME</b>							<b>DATE</b> / /							
DELEGATED REPLACEMENT														
PLEASE FILL THIS FORM OUT AT LEAST 2 WEEKS BEFORE YOUR REQUESTED TIME OFF														
<b>YOUR NORMAL WORK SCHEDULE</b>														
SUN	MON	TUE	WED	THUR	FRI	SAT								
X					Off Day	Off Day								
<b>ABSENCE CODES FOR DAYS OFF</b>														
PTO	PAID TIME OFF				H	HOLIDAY								
7SUN	7TH SUNDAYS				MPL	MAT /PAT LEAVE								
RDO	REGULAR DAY OFF				JD	JURY DUTY								
MRT	MINISTRY RELATED TRAVEL				FL	FUNERAL LEAVE								
<b>DATES REQUESTING TIME OFF</b>														
PLEASE LIST ALL DATES AND ABSENCE CODES FOR EACH REQUESTED DAY OFF														
		DATE	CODE			DATE	CODE			DATE	CODE			
	SUN	/			SUN	/			SUN	/				
	MON	/			MON	/			MON	/				
	TUE	/			TUE	/			TUE	/				
	WED	/			WED	/			WED	/				
	THUR	/			THUR	/			THUR	/				
	FRI	/	RDO		FRI	/	RDO		FRI	/	RDO			
	SAT	/	RDO		SAT	/	RDO		SAT	/	RDO			
TOTAL DAYS REQUESTED														
DATE RETURNING TO WORK										/				
<b>DO NOT WRITE BELOW THIS LINE - FOR ADMINISTRATIVE PURPOSES ONLY</b>														
APPROVED BY							DATE						/	/
COMMENTS														
MODIFICATIONS														