#  Time Off Request Form

##  Employee Information

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| Today’s Date: Last Name: (Print) |  |
| First Name: (Print) |  |
| Department: |  |
| Supervisor: |  |

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| --- |
| Type of Time Off Requested: |
|  | [ ]  | Personal | [ ]  | Vacation  | [ ]  | Jury Duty |  |  |
|  |  |  |  |  |  |  |  |  |
| Dates Requested & Shifts Effected:  |   |  |
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Total Hours Requested:

|  |  |
| --- | --- |
|  |   |
| Supervisor Signature |  Date |

Reason for Request:

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| *You must submit your Time Off Request Form to your supervisor two week in advance of the first day requested off. You are responsible for putting an “out of office greeting” on your ABLS email and work phone if you have an office. Additionally, you are also responsible for accurately recording your time off in NPA works.*  |
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|  |  |
| Employee Signature | Date |

## Supervisor Approval

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|  | [ ]  | Approved  |
|  | [ ]  | Rejected |
| Comments: \*Please keep a copy for your own records and give a copy to the employee  |

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