

Time Off Request

Employee Information

Employee Name:

Benefit Year (IE 2015):

SSN (Last 4 Digits):

Client Name:

Status: Full Time Part Time

Description	Date From	Date To	Whole/Half	Total Number of Days
<input type="checkbox"/> PTO			<input type="checkbox"/> Whole Day <input type="checkbox"/> Half Day	
<input type="checkbox"/> Jury Duty			<input type="checkbox"/> Whole Day <input type="checkbox"/> Half Day	
<input type="checkbox"/> Bereavement Time <input type="checkbox"/> Immediate Family <input type="checkbox"/> Non-Relative (Unpaid Time)		Refer to employer handout book for guidelines	<input type="checkbox"/> Whole Day <input type="checkbox"/> Half Day	
<input type="checkbox"/> FMLA or Medical (Unpaid)		Refer to employer handout book for guidelines	<input type="checkbox"/> Whole Day <input type="checkbox"/> Half Day	
<input type="checkbox"/> Personal Leave (Unpaid)		Refer to employer handout book for guidelines	<input type="checkbox"/> Whole Day <input type="checkbox"/> Half Day	

Notes

Employee Signature: _____

Manager Signature: _____

Employee (Please Print): _____

Manager (Please Print): _____

Date: _____

Date: _____

Signature of HR (For FMLA): _____

Date: _____

Please return completed form via email or fax to payroll@human-capital.com or 248.281.5102