

TIME-OFF REQUEST FORM

Fill in "Employee Section" and return to your Supervisor.
Requests should be made at least two (2) weeks prior to the date of absence, whenever possible.

EMPLOYEE SECTION

Employee's Name: _____
First Name - Please Print *Last Name - Please Print*

Absence Information:

Dates of absence from work:

Starting On.....: / / ; Departure Time (Only enter for partial days.).....: : am / pm
mm dd yy *circle one*

I will return to work on: / / ; Return Time(Only enter for partial days.).....: : am / pm
mm dd yy *circle one*

I am requesting time off for the following reason:

- Jury Duty Military Leave Medical Leave (Short Term Disability)
- Family Medical Leave Act (FMLA) (*Official application forms are needed - See HR Dep't.*)
 ___ for the birth and care of the newborn child of the employee
 ___ for placement with the employee of a son/daughter for adoption/foster care
 ___ to care for an immediate family member (*spouse, child, or parent*) with a serious health condition
 ___ to take medical leave when the employee is unable to work because of a serious health condition
- Personal Leave _____
Explain reason for absence of three days or more for personal reasons.
- Personal Emergency: I hereby certify that I missed work time on the above dates due to a personal emergency and the nature & circumstance of my personal emergency was: _____

- Funeral/Bereavement _____
Explain relationship to deceased.
- Subpoenaed Court Appearance _____
Explain court case.
- Other _____
Explain.

I would like my time-off to be: PAID (*Deduct from my "PTO", if eligible*) UNPAID (*Deduct from my "UTO", if eligible*).

- I understand that if my absence does not meet the criteria for an "Excused Absence" (*as outlined in the Company Handbook*) my absence will be subject to attendance points (*even if "scheduling approval" is obtained from my Foreman*).
- I understand that if I'm not eligible for PTO, or if I've used up all my PTO, my absence will be UNPAID.
- I understand that I'm required to reserve PTO days to cover pay for "Company-Scheduled Plant-Closed Days".

Employee Signature Date: / /
mm dd yy

MANAGEMENT SECTION (Scheduling approval - based on work-load & staffing considerations.)

Approved Must Reschedule; Supervisor's Signature: _____

Approved Must Reschedule; Foreman's Signature (**required**): _____

Remarks: _____

Forward this form to the Human Resources Department.

"PTO" = Paid-Time-Off | "UTO" = Unpaid-Time-Off