

**TIME-OFF REQUEST FORM**

***RYSE***

*Your request for time off must be submitted and approved by management in advance.*

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| EMPLOYEE INFORMATION |
| NAME: *(PRINT PLEASE)*TODAY’S DATE: NUMBER OF DAYS REQUESTED: STARTING ON: ENDING ON: I WILL BE RETURNING TO WORK ON:  |
| TYPE OF REQUEST |

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| *I WILL CODE MY TIME-OFF TO:* VACATION UNPAID PERSONAL DAY JURY DUTY BEREAVEMENT/FUNERAL LEAVE *(IMMEDIATE FAMILY / MAX OF 3 DAYS PAID) PLEASE CIRCLE:**Mother, Father, Spouse, Brother, Sister, Child, Grandfather, Grandmother, Mother-In-Law, Father-In-Law* |
| EMPLOYEE CERTIFICATION |
| * **I understand that time away from work is subject to management approval and company policies.**
* **We would like to grant all vacations and personal leave; however we reserve the right to deny any request in accordance to business needs.**
* **All requests must be submitted 2 weeks in advance and 30 days for vacations of the days requested off.**
* **Approval is granted after being signed by your direct supervisor.**
* **Upon approval, request forms will remain in employee personal file.**
* **Emergency time-off will be handled on a case by case scenario.**

***Employee Signature:*** Date:  |
| APPROVAL |
| *APPROVED: YES NO REMAINING DAYS AVAILABLE: V P**Supervisor/Manager Approval: Date:* *Payroll Input: Date:*  |