



Vacation/Sick Time Off Request Form
For Non-Union, Non-Represented Employees

Date: _____

Employee Name: _____

Employee No.: _____

SECTION 1: Completed by the Employee

Vacation/Sick Time requests must be submitted in advance (when applicable) to your supervisor for approval. Requests are not valid unless signed by both the employee and the supervisor. Pay only is not included in overtime calculations.

Date(s) Requested: _____
(Please list requested vacation date(s) from and to or specific dates during one a one week period.)

Vacation date(s) listed above to be taken as: (check the box)

- Paid Vacation Day(s) Pay Only (one week) Sick Time No Pay
- Vacation Date Change (include reason) _____

EMPLOYEE SIGNATURE: _____

SECTION 2: Completed by the Supervisor

- Approved Days/Hours available after this request _____
- Disapproved _____

SUPERVISOR SIGNATURE: _____