



Family Tree Service, Inc. Time Off Request

Employee Name: _____

Date: _____

I will be absent from work:

***use this box for vacation, and pre-arranged time off**

Dates: _____

Total Number of Days: _____

Total Number of Hours: _____

Accrued Time Off Available: Yes No

I have missed work because:

***use this box for sick time, emergency days off, etc**

Illness (Sick) Date(s) _____

Jury Duty (attach jury summons and proof from the Jury clerks office that you attended)

Other: (*you must provide an Explanation) _____

Total Number of Days: _____

Total Number of Hours: _____

Accrued Time Off Available: Yes No

All time off requests must be submitted in writing. The form must be completed, signed by employee, signed by foreman, and then returned to Human Resources/Payroll. If you have accrued time off available it must be used for any time off.

***Exception - 3 Paid Sick days per year to be used for illness,**

No Employee may approve their own Time off.

Employee Signature _____

Date _____

Immediate Supervisor's Signature _____

Date _____

Executive Approval (*If required) _____

Date _____

****For office use only**

Supervisor approval
 available accrued Time Off Yes NO
 Executive approval required if no available accrued Time off

Un-excused absence
#1 #2 #3