



REQUEST FOR TIME OFF FORM

Instructions: This form is to be used by employees to request time off. Request for time off should be completed at least two (2) weeks prior to taking any time off. This form must be approved and signed by your supervisor or manager, then submitted to Human Resources.

Employee Name: _____ Date: _____ Hire Date: _____

Project: _____ Supervisor/Manager: _____

DAY	DATE	HOURS REQUESTED	REASON FOR TIME OFF (Please make a selection from the list below)	HOURS PAID (For Payroll use only)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Please specify reason for time off: Vacation, Sick, Jury Duty, Bereavement
Attach documentation for Jury Duty and Bereavement requests

Total Hours Requested _____ Total Hours Paid _____

Employee's Signature _____

_____ Date

Approved by _____
Employee's On-Site Supervisor/Manager/Director

_____ Date

Approved by _____
GSE Director of Operations/Operations Manager

_____ Date