

Time Off Request



**INTEGRATIVE
STAFFING GROUP**

Note: With the exception of unscheduled time off, all requests must be signed by his/her immediate Supervisor/Manager at least seven (7) workdays in advance of time requested.

Employee Name: _____ SSN Last 4 _____

Date(s) Requested Off: _____

(CHECK REASON FOR TIME OFF)

- Paid Leave Time
- Mandatory Consecutive 5 days Off
- Personal Day Day 1 Day 2
- FMLA
- Intermittent FMLA
- Bereavement - Please ensure that your bereavement leave is for a qualifying member of your immediate family.
Immediate Family is defined as spouse, children, parents, siblings, grandparents, grandchildren, aunt, uncle or any relative who is domiciled in the employee's home. Proper documentation will need to be attached to this form.
- Other: _____

Current PLT Balance: _____

Total Scheduled Hours: _____ Total Unscheduled Hours: _____

Are you eligible for paid time off? YES NO

Is coverage required? YES NO | Is coverage secured? YES NO

Please provide the name, email address, and phone number of the person who will be covering while you are on leave: _____

My signature below confirms that coverage arrangements have been made for the leave time being requested, and I have updated my email and voicemail to include his/her contact information.

EMPLOYEE SIGNATURE: _____ DATE: _____

For Supervisor/Management Use Only-

Approved: _____ Date/Time: _____

(Supervisor/Manager Signature)

******* Time off is not approved without the employee's immediate Supervisor/Manager's signature. The Supervisor/Manager is responsible for verifying that the employee has enough time for the leave being requested. *******

Paid: Comments: _____ Unpaid: Reason: _____