

## TIME OFF REQUEST FORM

|   |                                 |  |
|---|---------------------------------|--|
| <input type="checkbox"/> PAID   | <input type="checkbox"/> UNPAID | <input type="checkbox"/> IF ANY ACCRUED DAYS AVAILABLE |
| # OF WORK DAYS REQUESTED _____<br>STARTING ON: _____ TO: _____<br>I WILL RETURN TO WORK ON: _____ |                                 |  |

| EMPLOYEE INFORMATION           |  |   |  |
|--------------------------------|--|---|--|
| NAME: _____                    |  | POSITION: _____                             |  |
| LOCATION:                      | <input type="checkbox"/> PORT ST. LUCIE EAST | <input type="checkbox"/> PALM BEACH GARDENS |  |
|                                | <input type="checkbox"/> PORT ST. LUCIE WEST | <input type="checkbox"/> BOYNTON            |  |
| <input type="checkbox"/> TAMPA | <input type="checkbox"/> JUPITER             | <input type="checkbox"/> AVENTURA           |  |

| TYPE OF REQUEST                         |   |
|---|---|
| <input type="checkbox"/> VACATION       | <input type="checkbox"/> FAMILY & MEDICAL LEAVE |
| <input type="checkbox"/> SICK TIME      | <input type="checkbox"/> JURY DUTY              |
| <input type="checkbox"/> PERSONAL LEAVE | <input type="checkbox"/> TIME OFF TO VOTE       |

| COMMENTS       |
|----------------|
| _____<br>_____ |

| EMPLOYEE CERTIFICATION  |             |
|---|-------------|
| <input type="checkbox"/> I UNDERSTAND THAT TIME AWAY FROM WORK IS SUBJECT TO MANAGEMENT APPROVAL AND COMPANY POLICIES |             |
| EMPLOYEE NAME: _____  | DATE: _____ |

| APPROVAL                           |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> APPROVED  | <input type="checkbox"/> REJECTED |
| SUPERVISOR/MANAGER APPROVAL: _____ | DATE: _____                       |