

TMF CENTER
EMPLOYEE REQUEST FOR TIME OFF

TODAY'S DATE ____/____/____

PLEASE NOTE: All requests for PAID time off must be approved by your supervisor and turned in to the Human Resource Manager at least **TWO WEEKS PRIOR** to your date(s) of absence to allow sufficient time for payroll processing. Exceptions MUST BE initialed by your supervisor and will be paid on the next available payroll date. (Reminder: Paid vacation is earned upon completion of one year of continuous employment at TMF.)

EMPLOYEE NAME _____ CLOCK/ID# _____

DEPT. _____ SUPERVISOR'S NAME _____

EMPLOYEE WAS/WILL BE (Circle one) ABSENT ON:

DATE(S): ____/____/____ THROUGH ____/____/____ (Only one Payroll Check Week per form, please)

EMPLOYEE WILL RETURN TO WORK ON ____/____/____

☐ ABSENT (Reason for absence MUST be checked below) ☐ TARDY

☐ VACATION Total number of hours to be paid _____

☐ FLOATING HOLIDAY

☐ ILLNESS

☐ DEATH in Family ☐ Spouse ☐ Child ☐ Parent ☐ Sibling ☐ Grandparent/Grandchild
☐ Mother/Father In-Law ☐ Sibling In-Law ☐ Grandparent In-Law
☐ Stepparent ☐ Stepsibling ☐ Stepchild
Name _____

☐ DEATH-Other Name: _____

☐ JURY DUTY

ABSENCE IS: ☐ EXCUSED ☐ UNEXCUSED

SUPERVISOR SIGNATURE _____

HR/ACCOUNTING USE ONLY

Employee hire date ____/____/____

FOR VACATION REQUESTS: Vacation hours remaining _____