## Forward Journey Staff Time Off Request Form

| Office use: |    |
|-------------|----|
| EX          | TC |

Submit this form to your supervisor at <u>least one week before the requested leave</u> whenever possible. <u>You must ensure that you have enough accrued time available to cover the dates requested.</u> Requests will be approved based on a number of factors, including staffing requirements. Your supervisor will review the request and will return the response (bottom of this form) to your mailbox or equivalent within 48 business hours.

| Staff Name:  |
|--|
| Classification: ☐ Paid ☐ Unpaid (Only with prior consent of supervisor for urgent/extreme cases; explain below |
| <u>Type:</u> □ PTO □ Personal Day □ Bereavement □ Jury Duty (attach summons)                                   |
| <u>Call Out:</u> ☐ Yes ☐ No  |
| Date(s) Requested:   |
| Time Requested:  |
| Total Hours:   |
| For <u>Unpaid Time</u> Requested, document the reason ( <u>you must speak with your supervisor</u> ):          |
| Staff Signature: Date Submitted: Time Submitted:   |
| Manager Signature: Date:   |
| ☐ Approved as is ☐ Denied ☐ Approved with Edits – Manager comments:  |
| (cut here)   |
| Staff Time Off Request - Response  |
| Staff Name:  |
| <u>Classification:</u> □ Paid □ Unpaid   |
| <u>Type:</u> □ PTO □ Personal Day □ Bereavement □ Jury Duty  |
| Dates & Time Requested:  |
| Manager Signature: Date:   |
| ☐ Approved as is ☐ Denied ☐ Approved with Edits  |
| Reason if denied or edited:  |