

**Forward Journey**  
**Staff Time Off Request Form**

Office use: EX _____ TC _____
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Submit this form to your supervisor at least one week before the requested leave whenever possible. **You must submit the request at least 24 hours in advance and have enough accrued time off available to avoid an occurrence.** Requests will be approved based on a number of factors, including staffing requirements. Your supervisor will return the response (bottom of this form) to your mailbox or equivalent within 48 business hours.

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Staff Name: \_\_\_\_\_

**Classification:**  Paid  Unpaid (Only with prior consent of supervisor; explain below)

**Pay Type:**  PTO  Personal Day  Bereavement  Jury Duty (attach summons)

Date(s) Requested: \_\_\_\_\_

Time Requested: \_\_\_\_\_

Total Hours: \_\_\_\_\_

For Unpaid Time Requested, document the reason (you must speak with your supervisor):

\_\_\_\_\_  
\_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_ Time Submitted: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MANAGER CONFIRM:**

**Call out / Occurrence**  Yes  No

Approved as is  Denied  Approved with Edits – Manager comments:

\_\_\_\_\_  
\_\_\_\_\_

(cut here)

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**Staff Time Off Request - Response**

Staff Name: \_\_\_\_\_

**Classification:**  Paid  Unpaid

**Pay Type:**  PTO  Personal Day  Bereavement  Jury Duty

Dates & Time Requested: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved as is  Denied  Approved with Edits

Reason if denied or edited: \_\_\_\_\_