

REQUEST FOR TIME OFF

ACI Support Specialists

Employee Name: _____

Today's Date: _____

Dept. _____

Ind. Served (initials): _____

Region: _____

Reason for Requested Time Off (Check One):

- Personal
 Bereavement
 Jury Duty
 Other: _____

Requested Dates:

From: _____	Thru: _____	# of Hours Requested: _____
From: _____	Thru: _____	# of Hours Requested: _____
From: _____	Thru: _____	# of Hours Requested: _____
From: _____	Thru: _____	# of Hours Requested: _____
		Total Hours Requested: _____

Please complete ALL of the following from your most recent paycheck stub:

Paycheck stub date: _____

Begin Accrued: _____ hrs	Earned: _____ hrs	Taken: _____ hrs	End Balance: _____ hrs
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Employee Signature

Date

To Be Completed By Supervisor:

- Approved
 Approved With Modifications: _____
 Denied – Reasons: _____

Supervisor's Printed Name & Signature

Date Approved/Denied