



PO BOX 2215 CULLMAN, AL 350556 PHONE: 256-739-9261 FAX: 256-739-9225

TIME OFF REQUEST & REPORTING FORM

Employee Name _____ Date _____

Dates Requested _____

Time Requested:

With Pay or **Without Pay**

Time requested for the following reason :

Vacation **Sickness/Personal** **Birthday** **Family Emergency or Death** **Weather**

If time off is being requested for family emergency or death please list the name of the family member and their relationship to you. For emergency relating to your personal residence please give detail. If time off is being requested for any other reason that what is listed above list the reason and give detail.

Employee Signature _____

Approved By _____

In order for employee to receive paid time off without pay
this form must be completed and approved