



TIME OFF REQUEST FORM

*Complete form for four hours or more of missed time per each applicable pay period.
Date but do not sign; save form and email it to your supervisor. Upon their approval, print, sign, and attach to
corresponding timesheet (or, it is now a PDF and can be signed electronically).*

Employee:

Department: [Choose department](#)

Date Request Made: [Click to enter date](#)

Reason for Time Off Request: [Choose reason](#)

Total number of hours to be used:

Specify if other:

Date Leave Begins: [Click to enter date](#)

Date You Plan to Return to Work: [Click to enter date](#)

Reason for Time Off Request: [Choose reason](#)

Total number of hours to be used:

Specify if other:

Date Leave Begins: [Click to enter date](#)

Date You Plan to Return to Work: [Click to enter date](#)

Reason for Time Off Request: [Choose reason](#)

Total number of hours to be used:

Specify if other:

Date Leave Begins: [Click to enter date](#)

Date You Plan to Return to Work: [Click to enter date](#)

Reason for Time Off Request: [Choose reason](#)

Total number of hours to be used:

Specify if other:

Date Leave Begins: [Click to enter date](#)

Date You Plan to Return to Work: [Click to enter date](#)

Employee Signature:

Date: [Click to enter date](#)

I have read the Grand County Employee Manual and understand the policy pertaining to this time off request. I also understand this request must be approved by my supervisor prior to the leave. If it is not approved, I will continue to work my regular work schedule.

To Employee:

- Your leave request HAS been approved and will commence on the date(s) indicated above.
- Your leave request HAS NOT been approved for the following reason:

Supervisor:

Date: [Click to enter date](#)