

REQUEST FOR TIME OFF

*ACI Support Specialists, Inc.
Building Foundations for Success*

Employee Name: _____

Today's Date: ____ / ____ / ____

Dept./Consumer: _____

Region: _____

Time Off Requested For (Check One):

Personal Bereavement Jury Duty Other: _____

Dates You Will Be Off:

From: ____ / ____ / ____ To: ____ / ____ / ____ # of Hours Requested: _____

From: ____ / ____ / ____ To: ____ / ____ / ____ # of Hours Requested: _____

From: ____ / ____ / ____ To: ____ / ____ / ____ # of Hours Requested: _____

From: ____ / ____ / ____ To: ____ / ____ / ____ # of Hours Requested: _____

Total Hours Requested: _____

Please Complete The Following: (This information MUST be obtained from your most recent paycheck stub)

Time Accrued: _____ hrs

Time Used: _____ hrs

Stub Date: ____ / ____ / ____ (Important – please fill in date)

To Be Completed By Supervisor:

Approved

Approved With Modifications: _____

Denied – Reasons: _____

Supervisor's Signature

Date Approved