STUDENT EMPLOYEE TIME-OFF REQUEST FORM

***You can change this form as needed for your department***

**Employee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Today’s Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dates and Times Requested Off.** Please note if this request is for sick leave or unpaid time off**:**

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

**Supervisor Name**:

**Signature of Supervisor**:

**Date**: **⃞ Approved ⃞ Denied**