



Veterans  
Medical Research  
Foundation

Request For Time-Off

<b>Name:</b>	<b>Date:</b>
<b>Department:</b>	<b>Employee Number:</b>

**Requested Date(s) Off:**

<input type="checkbox"/> <b>VACATION</b>	<b>Total # of Hours:</b>
<b>Start Date/Time:</b>	<b>Return Date/Time</b>
<input type="checkbox"/> <b>SICK</b>	<b>Total # of Hours:</b>
<b>Start Date/Time:</b>	<b>Return Date/Time</b>
<input type="checkbox"/> <b>Leave Without Pay (pre-authorized)</b>	<b>Total # of Hours:</b>
<b>Start Date/Time:</b>	<b>Return Date/Time</b>

**Employee Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Supervisor's Recommendation**

- APPROVED**
- DENIED**

**Comments** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_