

# Out of Office Request & Approval

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

Department: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Dates Requested From: \_\_\_\_\_ To: \_\_\_\_\_  
(Date) (Date)

## Check Appropriate Item

Vacation/Illness

Total Hours Requested: \_\_\_\_\_

If traveling out of the country, please name the country(ies) you will be traveling to:

Bereavement

Jury Duty

Other: \_\_\_\_\_

Unpaid Time Off: From: \_\_\_\_\_ To: \_\_\_\_\_  
(Date) (Date)

Leave of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_  
(Date) (Date)

Notes/Memo:

## Approval Signatures:

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Office Operations Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Please deliver all PTO requests to Office Operations Manager once supervisor signature is obtained.