

**TIME OFF REQUEST FORM FOR
FISCAL YEAR 2024-2025**

Name: _____

Date: _____

**NUMBER OF DAYS AVAILABLE FROM
JULY 1, 2024 THROUGH JUNE 30, 2025**

Vacation hours _____
Personal hours _____
Floating holidays _____

REQUEST FOR TIME OFF

Dates being requested _____
of vacation hours being requested _____
of personal hours being requested _____
floating holiday being requested _____

TIME LEFT AFTER THIS REQUEST

Vacation hours _____
Personal hours _____
Floating holidays _____

APPROVAL

Supervisor

Date

Please use a separate request form for each occurrence of time off