

TMF CENTER, INC.
EMPLOYEE REQUEST FOR TIME OFF

TODAY'S DATE ____/____/____

PLEASE NOTE: All requests for PAID time off must be approved by your supervisor and turned in to the Human Resource Manager at least **TWO WEEKS PRIOR** to your date(s) of absence to allow sufficient time for payroll processing. Exceptions **MUST BE** initialed by your supervisor and will be paid on the next available payroll date. (*Reminder: Paid vacation is earned upon completion of one year of continuous employment at TMF.*)

EMPLOYEE NAME _____ CLOCK/ID# _____

DEPT. _____ SUPERVISOR'S NAME _____

EMPLOYEE WAS/WILL BE (Circle one) ABSENT ON:

DATE(S): ____/____/____ THROUGH ____/____/____ (Only one Payroll Check Week per form, please)

EMPLOYEE WILL RETURN TO WORK ON ____/____/____

ABSENT (*Reason for absence MUST be checked below*) TARDY

VACATION Total number of hours to be paid _____

ILLNESS

DEATH IN FAMILY Please indicate relationship _____

JURY DUTY

ABSENCE IS: EXCUSED UNEXCUSED

SUPERVISOR SIGNATURE _____

HR/ACCOUNTING USE ONLY

Employee hire date ____/____/____

FOR VACATION REQUESTS: Vacation hours remaining _____

Vacation pay will be included on paycheck dated ____/____/____

ABSENCE WILL BE PAID UNPAID