

Aegis Staff Member Time Off Request Form

Staff Member Name: _____	Date Requested: _____
Social Security Number: _____ - _____ - _____	Location: _____
Dept. Number: _____	

Please complete only the sections that apply.

Vacation Day Request

Requested Start Date of Vacation: _____	Total Days Requested _____
Requested Last Day of Vacation: _____	_____

Appreciation Day Request

Requested Start Date: _____	Total Days Requested _____
Requested Last Day: _____	_____

Sick Day Request

Effective Start Date: _____	Total Days Requested _____
_____	_____
Actual Return Date: _____	_____

Comments

Prepared By: _____ Date: _____

Approved By: _____ Date: ____ / ____ / ____

Copy To: Payroll Manager Date Sent: ____ / ____ / ____

Original To: Staff Member Personnel File Date Filed: ____ / ____ / ____