



**REQUEST FOR TIME OFF
OR LEAVE OF ABSENCE**

Client Name: On Trac, Incorporated

Employee Name: _____ Employee SSN: _____

Department #: _____ Date of Hire: _____

TYPE OF REQUEST

- _____ Vacation / Paid Time Off
- _____ Personal Leave of Absence (PTO) / Unpaid Time Off
- _____ Workers Comp / Injury or ADA Disability Leave of Absence
- _____ Family/Medical Leave of Absence [FMLA: ____ Yes ____ No]
- _____ Jury Duty
- _____ Military/Reserve Leave of Absence

REQUESTED TIME FRAME

Starting Date: _____ Ending Date: _____

Total DAYS Requested: _____ Total HOURS Requested: _____

Date of RETURN to work: _____

COMMENTS _____

Requests for time off are subject to company policies governing Leave of Absence and vacation accrual. Requests are not automatically granted and must be weighed against the operational needs of the company and workflow/workforce responsibilities of the management, as well as timely submission of this request form.

Employee Signature: _____ Date Submitted: _____

This section for Office Management/HR use only ____ Confirmed Date of Hire ____ Confirmed Accrued Time

Paid Leave NOT Available Paid Leave AVAILABLE (_____ DAYS Pending)

Approving Officer (signature): _____ **Date:** _____