



**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 / 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: \_\_\_\_\_

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**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:** \_\_\_\_\_