



**Belmont Abbey**  
COLLEGE

**TIME OFF REQUEST FORM**

Employees are to use this form to request time off from their immediate manager.

Employee Name: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Total Number of Days Requested: \_\_\_\_\_

OR

Total Number of Hours (if less than one day) Requested: \_\_\_\_\_

Beginning Date: \_\_\_\_\_

Return to Work: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

If disapproved, provide reason:

\_\_\_\_\_  
\_\_\_\_\_

Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_