

**G.A.T.E.S. 2 EDUCATION  
EMPLOYEE TIME-OFF REQUEST FORM**

**EMPLOYEE INFORMATION**

Name:	Date:	
Number of Days Requested:	From:	To:

**TYPE OF REQUEST**

<input type="checkbox"/> Vacation <input type="checkbox"/> Personal Leave:	<input type="checkbox"/> Funeral/Bereavement <input type="checkbox"/> Jury Duty	<input type="checkbox"/> Family / Medical Leave <input type="checkbox"/> Other:
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**EMPLOYEE CERTIFICATION**

I understand that time away from work is subject to Director approval and company policies.

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REMINDER: As per the Employee Handbook, our request for time off must be submitted and approved by Jayne 2 weeks in advance.

Office Use Only:

Approved

Unapproved

Other