



TIME OFF AUTHORIZATION

Employee Name and Z Number



HOURLY



SALARIED

Date(s) of Absence

No. of Hours

REASON FOR ABSENCE

- | | | |
|----------------------------------|---|---|
| <input type="radio"/> VACATION | <input type="radio"/> BEREAVEMENT LEAVE | <input type="radio"/> OTHER (Specify in |
| <input type="radio"/> SICK LEAVE | <input type="radio"/> MILITARY LEAVE | Remarks) |
| <input type="radio"/> JURY DUTY | | |

REMARKS

Employee's Signature

Supervisor's Signature



PAID



UNPAID