

PAID TIME OFF VERIFICATION FORM

NAME: _____

TODAY'S DATE: _____

REASON/ EVENT FOR REQUEST: _____

REQUESTED DAYS OFF: _____

DATE RETURNING TO WORK: _____

*PLEASE GIVE PAID TIME OFF VERIFICATION FORMS TO YOUR SUPERVISOR AT LEAST 2 WEEKS IN ADVANCE.

Supervisors Approval: _____

UN-PAID TIME OFF VERIFICATION FORM

NAME: _____

TODAY'S DATE: _____

REASON/ EVENT FOR REQUEST: _____

REQUESTED DAYS OFF: _____

DATE RETURNING TO WORK: _____

* PLEASE GIVE PAID TIME OFF VERIFICATION FORMS TO YOUR SUPERVISOR AT LEAST 2 WEEKS IN ADVANCE.

Supervisors Approval: _____