ShieldHOTELS

Time Off Request Form

Please Select all that Apply:

☐ Paid Vacation ☐ Unpaid Vacation ☐ Paid Sick ☐ Unpaid Sick
☐ PFML ☐ FFCRA ☐ Leave of Absence ☐ Jury Duty

Location: _____ Department: _____
Employee Name: _____
First Day Away: _____ Last Day Away: _____

Requested Schedule of Time Off							
Date (mm/dd/yyyy):							
Number of Hours to be Paid:							

(Employee Signature) (Date)

(General Manager Signature) (Date)

For HR use Only: Available Time at Time of Request

Request Received Date:		Hours Available at Time of Request:	
Tentative Hours to be Paid:		Estimated Remaining Balance	

(HR Signature) (Date)

Please Note: The values reflected above do not take into account any pending time that has been requested but not yet paid out.

For HR Use Only: Confirmation of Payout

Hours Available:		Hours to be Paid:	
Remaining Balance:		Check Date Paid:	

(HR Signature) (Date)