

Franklin Pierce University Time-Off Request Form

This form is to be used by employees when requesting time off. Requests must be made in advance and approved by the Supervisor.

Name: _____

Title: _____

Department: _____

Supervisor: _____

Dates Requested: _____ to _____

Type of Leave Requested:

Vacation

Floating Holiday (indicate holiday being substituted) _____

Other (explanation – attach backup if necessary)

Employee Signature:

Date:

Supervisor: Approved Denied

Supervisor Signature:

Date:

Attach signed Time-Off Request Form to the monthly Exception Reporting for Exempt Personnel and submit to Human Resources