Partial-day time off request

For time off of less than a full shift: appointments, school events, a late start or leaving early.

Employee name: _____

Position: _____

Manager: _____

Date of request: _____

Time requested

Date: _____

Scheduled shift (start to end): _____

Leaving at: _____

Returning at (or not returning): _____

Hours off: _____

How should these hours be paid?

☐ Use PTO ☐ Unpaid ☐ Make up the hours in the same workweek (hourly employees)

If making up hours: date and time: _____

_____ _____

Employee signature Date

Manager use only

☐ Approved ☐ Denied

_____ _____

Manager signature Date

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