IRVINGTON TOWNSHIP
TIME OFF REQUEST FORM

Employee Name	
Department/Division	
Today's Date	

Time Requested: ☑ Vacation □ Personal ☑ Compensatory Time □ Jury Duty □ Bereavement

Total Number of Days Requested: _____ (you cannot request less than ½ day increments)

REQUEST 1							
Start Date				End Date			
Month	**Day**	**Year**	**Time**	**Month**	**Day**	**Year**	**Time**

To Make Additional Time Off Requests Complete the Table(s) Below:

REQUEST 2							
Start Date				End Date			
Month	**Day**	**Year**	**Time**	**Month**	**Day**	**Year**	**Time**

REQUEST 3							
Start Date				End Date			
Month	**Day**	**Year**	**Time**	**Month**	**Day**	**Year**	**Time**

Employee Signature: _____ **Date:** _____

***Supervisor Signature:** _____ **Date:** _____

Director Signature: _____ **Date:** _____

BA Signature: _____ **Date:** _____

Payroll Receipt Confirmation: _____ **Date:** _____

Supervisor signature is required where Director is not immediate the supervisor.
Payroll will not approve the time unless all required signatures appear on the document.
If you take requested PTO without obtaining all signatures your day will not be applied.
A copy of the fully completed form will be placed in your Personnel file.