



Time-Off Request

Please schedule your time off requests as far in advance as possible. St. Thomas University reserves the right to approve or disapprove time off requests. All vacation requests are subject to the approval of the department supervisor. Every consideration will be given to employee requests; however, requests may be denied on the basis of causing a hardship on the department if too many employees are out at the same time, or if the workload scheduled for that period cannot be accomplished in the employee's absence.

Date of request: _____ Employee name: _____

Department: _____ Job title: _____

Vacation leave: Start date: _____ End date: _____ Total Days: _____

Sick leave: Start date: _____ End date: _____ Total Days: _____

Bereavement leave: Start date: _____ End date: _____ Total Days: _____

Jury duty leave: Start date: _____ End date: _____ Total Days: _____

Other: _____ Start date: _____ End date: _____ Total Days: _____

Do not use this form to request leave under the Family and Medical Leave Act (FMLA) or to request leave as an accommodation under the Americans with Disabilities Act (ADA). Employees should consult with HR to request leave under the FMLA or ADA.

Employee signature

Date

Supervisor signature

Date

Human Resources representative signature

Date