



## Employee Overtime/Time off Request

Date: ___/___/___	Employee Name: _____				
<u>Time Off Request:</u>	<input type="checkbox"/> Days	Beginning on Date: ___/___/___	Ending on Date: ___/___/___		
	<input type="checkbox"/> Hours	Beginning Date: ___/___/___	Ending Date: ___/___/___		
		Beginning Time: ____:____	Ending Time: ____:____		
	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm			
<u>Reason for Request:</u>	<input type="checkbox"/> Vacation	<input type="checkbox"/> Personal Leave	<input type="checkbox"/> Jury Duty	<input type="checkbox"/> Family	<input type="checkbox"/> Funeral/Bereavement
	<input type="checkbox"/> Vote	<input type="checkbox"/> Medical	<input type="checkbox"/> Other: _____		
<u>Overtime Worked:</u>	Beginning Date: ___/___/___	Beginning Time: ____:____	Ending Date: ___/___/___	Ending Time: ____:____	
		<input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> am <input type="checkbox"/> pm	
Employee Signature: _____					
Directors Decision:			<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	
Directors Signature: _____			Date: _____		

Email completed form to: [employee@hallacademypreschool.com](mailto:employee@hallacademypreschool.com)