

McMurry University
Request for Time Off

Employee Name: _____

Department: _____

Days Requested Off: _____

Start Date: _____ End Date: _____

Reason Time Off Requested:

Vacation () Sick Leave () Personal () Funeral ()

Other (specify): _____

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Comments:

Form should be submitted to Human Resources Office immediately upon completion.