



City of Belfast Employee Time-Off Request Form

Today's Date: _____

Employee's Name: _____

Time-Off Request: _____ Days Hours

Beginning on: _____

Ending on: _____

Reason for Request

- Vacation - PTO/Earned - Funeral / Bereavement
 - Jury Duty - Sick - Medical Leave (FMLA)
 - AL - Comp Time - Carry Over Vacation
 - To Vote - Other: _____

I understand that this request is subject to approval by my supervisor.

Employee's Signature: _____ Date: _____

Supervisor's Decision

- Approved - Rejected

Supervisor's Signature: _____ Date: _____

Print Name: _____