



# City of Yazoo City Time off Request Form

<b>Name:</b>		<b>Date:</b>	<b>Date Employed:</b>
<b>Job Title:</b>	<b>Department/Location:</b>		<b>Supervisor:</b>

Reason for Time Off			
<input type="checkbox"/>	<b>Vacation</b>	<input type="checkbox"/>	<b>Bereavement Leave (Documentation required)</b>
<input type="checkbox"/>	<b>Sick</b>	<input type="checkbox"/>	<b>Jury Duty</b>
<input type="checkbox"/>	<b>Personal</b>	<input type="checkbox"/>	<b>Military Leave</b>

Date(s) Requested							
Full days requested:							
<b>DAY</b>	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>DATE(s)</b>							
<b>HOUR(s)</b>							
If partial days list time requested:							
TIME(s) Requested							
<b>FROM</b>							
<b>TO</b>							

<hr/> <b>Employee Signature</b>	<hr/> <b>Supervisor Signature</b>
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FOR OFFICE USE ONLY	
Date of Decision _____	
Approved _____	Denied _____
<b>Comments:</b>	
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_____	
_____	
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