



City of Yazoo City

Time off Request Form

Name:	Date:	Date Employed:
Job Title:	Department/Location:	Supervisor:

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

Date(s) Requested							
Full days requested: Week 1							
DAY		Monday	Tuesday	Wednesday	Thursday	Friday	
DATE(s)							
HOUR(s)							

If partial days list time requested:

TIME(s) Requested							
FROM							
TO							

Date(s) Requested							
Full days requested: Week 2							
DAY		Monday	Tuesday	Wednesday	Thursday	Friday	
DATE(s)							
HOUR(s)							

If partial days list time requested:

TIME(s) Requested							
FROM							
TO							

_____ Employee Signature	_____ Supervisor Signature
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FOR OFFICE USE ONLY

Date of Decision _____

Approved _____

Denied _____

Comments:
