



AZOS Time Off Request Form

Employee Full Name: _____ Today's Date: _____

Request Start Date: _____ Request End Date: _____

Full Shift ☐ Half Day AM ☐ Half Day PM ☐

Type of Leave: Mark that box applies and add comments if necessary

Sick leave (illness or injury) ☐ Personal leave ☐ Maternity leave ☐
Emergency leave ☐ Bereavement (Immediate Family) ☐ Bereavement (other) ☐

If Sick time is marked and you have sick time available please indicate if you want to use it:

Apply sick time: Yes ☐ No ☐ How many hours: _____

Comments: _

APPROVED ☐

DENIED ☐

Employee Signature: _____ Date: _____

Admin. Signature: _____ Date: _____