



Tennessee Wesleyan University

Paid Time Off Request

Print Name: _____

Vacation

Medical

Bereavement

***Please note if medical day(s) requested are full or half days.
*Vacation requires approval. Medical or Bereavement do not need approval prior to taking.**

Dates requested: _____

Notes: _____

Signature: _____

Date: _____

VP/Supervisor
Signature: _____

Date: _____

For Business Office Use Only

Date entered
in payroll _____

Date entered
in leave record _____

Initials: _____

Initials: _____