



# Request for Time Off

600 Grant Street, Suite 700  
Denver, CO 80203  
PH: 303-861-0388 FAX: 303-861-0377

[www.terrafirmapeo.com](http://www.terrafirmapeo.com)

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Work-Site Employer: \_\_\_\_\_

Requested Time Off is for:

- Vacation
- Illness
- Personal
- Floating
- Unpaid
- Bereavement

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Requested Time Off: From \_\_\_\_\_ To: \_\_\_\_\_

Total Days/Hours: \_\_\_\_\_ / \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Supervisor / Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_