



# Time Off Request Form

HR Office:  
702 3rd Ave South  
Virginia, MN 55792  
218.749.2912 or 800.662.5711

## Employee Contact Information:

Name:  
Phone Number:  
Email address:  
Job Title:  
Department:

I am requesting leave for the following reason (i.e. medical leave for self or family member, appointment, active duty military leave, etc):

Start date of leave: \_\_\_\_\_ Will leave be intermittent:    Yes        No  
Anticipated return to work date: \_\_\_\_\_  
While out, I am requesting to use:    Unpaid Leave    Paid Leave

I understand I am to follow our current paid leave policy as outlined in the Personnel Policy or CBA. Any unpaid leave request is subject to the approval of the Executive Director.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit this completed form along with any supporting medical documentation directly to the Human Resources Department. Medical documentation needs to include the first day you are unable to work and the approximate length of the requested leave. Upon review of submitted information, the Human Resources Department will provide the employee with any additional information.

Please provide all information to:  
Cathy Pazzelli  
Director of Human Resources/Assistant Executive Director  
Phone 218.748.7350  
Fax: 651.235.6762  
cathy.pazzelli@aeoa.org

For HR Use Only

To be completed by the Executive Director for approval: