



Time Off Request Form

Submit the completed form to your supervisor.

Employee Name: _____

Date(s) of Time Off Request (example: August 11, 2025 will be 08/11/2025)	Total Hours Requested Off (example: 4 hours, 8 hours, 10 hours)	Time Off Type * (use code from the table below)	Approved? (For supervisors only)
1.			Y N
2.			Y N
3.			Y N
4.			Y N
5.			Y N

*Time off Type	Code to Use
Vacation	V
Sick Leave	SL
Personal Holiday	PH
Holiday or Floating Holiday	H
Comp Time (*Non-Exempt Only)	CT
Banked Leave	BL

*Divisions/Units may have specific guidelines about using or earning comp time. Check with your HR division contact.

Employee Signature

Date Submitted

Supervisor Signature

Date Approved

Next steps for supervisors:

- Enter the time off request within Workday. Review Requesting Time off on Behalf of Employee (kb.wisc.edu/workday/internal/144864).
- If you need further clarification about Time Off Requests please refer to the UW–Madison Human Resource Policies page (hr.wisc.edu/policies/).