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| **EMPLOYEE TIME OFF REQUEST FORM** |
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Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ Department/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_

Requested Time Off:
☐ \_\_\_ days Start Date: \_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_
☐ \_\_\_ hours Time Off Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Time Off:**

☐ Vacation
☐ Personal Leave
☐ Sick Leave
☐ Bereavement Leave
☐ Medical Leave
☐ Jury Duty
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Additional description]

I acknowledge that my request for time-off is subject to approval, and that I may be required to provide additional documentation to support my request. I also understand that I am responsible for ensuring that my work is covered during my absence.

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

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

**Manager Approval**

☐ Approved

☐ Rejected

Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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