|  |  |
| --- | --- |

| **EMPLOYEE TIME OFF REQUEST FORM** |
| --- |

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_