

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: _____

