

# EMPLOYEE TIME-OFF REQUEST

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**EMPLOYEE:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

### TIME REQUESTING OFF

**Beginning On:** \_\_\_\_\_ **Days:** \_\_\_\_\_

**Ending On:** \_\_\_\_\_ **Hours:** \_\_\_\_\_

**Return to Work:** \_\_\_\_\_

### REASON FOR REQUEST

☐ Sick Leave

☐ Funeral/Bereavement

☐ Jury Duty

☐ Vacation

☐ Family Leave

☐ Medical Leave

☐ Personal

☐ Maternity/Paternity

☐ Other: \_\_\_\_\_

### EMPLOYEE CERTIFICATION