

Time Off Request - Google For

Formfacade

formfacade.com/edit/101397753425638859326/all/form/1FAIpQLSeiX0gMrp5-SGqDEwNS3mf4YgWfzIpAfQOW8JX7pYd_rURISQ

Formfacade

Time off request

Please submit the times you need to take off work and the type of leave you are taking

Name *

Request Date *

09/20/2020

Leave From *

09/25/2020

Leave Till *

09/27/2020

Number of days

Type of leave *

Description if needed. Fusce dapibus, tellus ac cursus commodo, tortor mauris condimentum.

☐ Sick leave (Illness or Injury)

☐ Bereavement leave (Immediate Family)

☐ Bereavement leave (Other)

☐ Personal leave

☐ Jury duty or legal leave

☐

Question

Answer

Advanced

Appearance

Editable

Calculate (Type @ to use other fields in calculation)

Prefill

Answer in the widget when the form is loaded

SAVE