

Employee Time Off Request Form

Employee's Name: _____

Employee's Manager: _____

Time-Off Request: _____ ☐ Days ☐ Hours

Beginning on: _____

Ending on: _____

Reason for Request

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> - Vacation | <input type="checkbox"/> - Personal Leave | <input type="checkbox"/> - Funeral / Bereavement |
| <input type="checkbox"/> - Jury Duty | <input type="checkbox"/> - Family Reasons | <input type="checkbox"/> - Medical Leave |
| <input type="checkbox"/> - To Vote | <input type="checkbox"/> - Other: _____ | |

I understand that this request is subject to approval by my employer.

Employee's Signature: _____ Date: _____

Employer's Decision

- ☐ - Approved ☐ - Rejected

Employer's Signature: _____ Date: _____

Print Name: _____