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: _____