

# TIME OFF REQUEST FORM

## EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_

Department and position: \_\_\_\_\_

Total days off: \_\_\_\_\_

Total hours off: \_\_\_\_\_

Beginning on: \_\_\_\_\_

Ending on: \_\_\_\_\_

Type of leave:

- ☐ - Vacation
- ☐ - Personal leave
- ☐ - Sick leave
- ☐ - Medical leave
- ☐ - Family leave
- ☐ - Funeral/bereavement
- ☐ - Jury duty
- ☐ - Other: \_\_\_\_\_

Employee Comments: \_\_\_\_\_

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

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MANAGER INFORMATION

Manager Name: \_\_\_\_\_

- ☐ - Time off approved
- ☐ - Time off denied

Manager comments \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**eSign**