Employee Time Off Request Form

Employee’s Name: _______________________________________________________

Employee’s Manager: ___________________________________________________

Time-Off Request: _______ □ Days □ Hours

Beginning on: _________________________________________________________

Ending on: ___________________________________________________________

Reason for Request

☐ - Vacation   ☐ - Personal Leave   ☐ - Funeral / Bereavement

☐ - Jury Duty   ☐ - Family Reasons   ☐ - Medical Leave

☐ - To Vote   ☐ - 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: __________________________