

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: _____