

Employee Time Off Request Form

Employee Name:

Employee #:

Position:

Department:

☐ Hours ☐ Half Day ☐ Full Day

Total number of requested days: _____

Reason for Time Off	Starting Date	End Date
<input type="checkbox"/> Vacation Leave		
<input type="checkbox"/> Sick Leave		
<input type="checkbox"/> Personal Leave		
<input type="checkbox"/> Family Leave		
<input type="checkbox"/> Parental Leave (Maternal/Paternal Leave)		
<input type="checkbox"/> Bereavement Leave		
<input type="checkbox"/> Sabbatical Leave		
<input type="checkbox"/> Military Leave		
<input type="checkbox"/> Jury Duty Leave		
<input type="checkbox"/> Compensatory Leave / Time Off in Lieu (TOIL)		
<input type="checkbox"/> Volunteer Time Off (VTO)		
<input type="checkbox"/> Other		

Notes:

To Be Completed By The Company

Manager Approval: ☐ Approved ☐ Rejected

Manager Signature: _____

Date: _____