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| --- |
| **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 |
|[ ]  Vacation Leave |  |  |
|[ ]  Sick Leave |  |  |
|[ ]  Personal Leave |  |  |
|[ ]  Family Leave |  |  |
|[ ]  Parental Leave (Maternal/Paternal Leave) |  |  |
|[ ]  Bereavement Leave |  |  |
|[ ]  Sabbatical Leave |  |  |
|[ ]  Military Leave |  |  |
|[ ]  Jury Duty Leave |  |  |
|[ ]  Compensatory Leave / Time Off in Lieu (TOIL) |  |  |
|[ ]  Volunteer Time Off (VTO) |  |  |
|[ ]  Other |  |  |
|  |
| Notes:  |
|  |
|  |
|  |
| To Be Completed By The Company |
| Manager Approval: | [ ]  Approved | [ ]  Rejected |
| Manager Signature:  | Date:  |

