



REQUEST FOR TIME OFF

TODAYS DATE: _____

EMPLOYEE NAME: _____

TIME OFF REQUEST (DAYS TOTAL): _____

BEGINNING: _____ ENDING: _____

REASON FOR REQUEST

- VACATION
- MEDICAL LEAVE
- BEREAVEMENT
- FAMILY LEAVE
- JURY DUTY
- OTHER: _____

*PLEASE DO NOT INCLUDE ANY SENSITIVE MEDICAL INFORMATION

I UNDERSTAND THAT THIS TIME OFF REQUEST IS SUBJECT TO THE APPROVAL OF MY MANAGER:

EMPLOYEE SIGNATURE: _____ DATE: _____

EMPLOYER PORTION

- APPROVED
 - REJECTED
- MANAGER NAME:
MANAGER SIGNATURE:
DATE: