

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
☐ 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: _____