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| --- | --- |
| Request Time Off Form | |
|  |  |
| **Date of Request:** | |
|  |  |
| **Employee Information** | |
| Employee Name: |  |
| Employee #: |  |
| Department: |  |
| Manager/Supervisor: |  |
|  |  |
| **Vacation Details:** | |
| Start Date: |  |
| End Date: |  |
| Total Days Requested: |  |
| Type of Leave: |  |
| Additional Information (Optional): |  |
|  |
|  | |
| **Contact Information:** | |
| Phone Number: |  |
| Email Address: |  |
|  |  |
| **Acknowledgment:** | |
| I acknowledge that my leave request is subject to approval and that the information provided is accurate. | |
| Employee’s Signature: | |
| Date: | |
|  |  |
|  | |
| **Approval Information** | |
| Manager’s Name: |  |
| Manager’s Signature: |  |
| Request Status: |  |
| Date of Approval: |  |
| Manager’s Comments (Optional): |  |
|  |

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