

Employee Time-Off Request Form

Today's Date: _____

Employee's Name: _____

Time-Off Request: _____ ☐ Days ☐ Hours

Beginning on: _____

Ending on: _____

Reason for Request

☐ - Vacation ☐ - Personal Leave ☐ - Funeral / Bereavement

☐ - Jury Duty ☐ - Family Reasons ☐ - Medical Leave

☐ - To Vote ☐ - Other: _____

I understand that this request is subject to approval by my employer.

Employee's Signature: _____ Date: _____

Employer's Decision

☐ - Approved ☐ - Rejected

Employer's Signature: _____ Date: _____

Print Name: _____

