

Time Off Request Form

Employee Name: _____

Employee #: _____

Position: _____

Department: _____

☐ Hours ☐ Half Day ☐ Full Day

Total number of requested day(s): _____

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: _____