

Time Off Request Form

Employee Information

Name: _____ Employee ID: _____
Date request submitted: _____ Department: _____
Total number of days or hours requested: _____ Days Hours (check one)
Beginning date: _____ Ending date: _____ Expected return to work date: _____

Type of Leave Requested

Vacation	Military Leave
Sick Leave	Bereavement Leave
Time off to vote	Jury duty
Personal leave of absence (explain below)	Other (explain below)

Additional Information (if needed)

Employee Acknowledgement

I understand that this is a request for leave. Approval is subject to eligibility verification and supervisory approval. Leave must be requested and taken in accordance with company policies.

Employee signature: _____ Date: _____

Approvals

Management approval Yes No Supervisor name: (print) _____
Supervisor signature: _____ Date: _____

Eligibility verified by HR Yes No HR rep. name: (print) _____
Supervisor signature: _____ Date: _____

Management approval Yes No Supervisor name: (print) _____
Supervisor signature: _____ Date: _____

To payroll date: _____ Processed by payroll date: _____