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: