Time Off Request Form

Date:

Employee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested Time Off:

* Hours. Beginning on: \_\_\_\_\_\_ Ending on: \_\_\_\_\_\_
* Days. Beginning on: \_\_\_\_\_\_ Ending on: \_\_\_\_\_\_

Reason:

* Vacation
* Personal Leave
* Funeral / Bereavement
* Jury Duty
* Family Reasons
* Medical Leave
* To Vote
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand and agree that this request depends on the authorization of my employer.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Employee’s Signature

Employer Decision:

* Authorized
* Unauthorized

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Employer’s Signature