

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