Time off request form

Fill in the top half and give this form to your manager. Submit vacation and other planned time off at least two weeks before the first day off, or as your company policy requires.

Employee

Employee name: _____

Employee ID: _____

Job title: _____

Department or location: _____

Manager: _____

Date of request: _____

Time off requested

☐ Vacation ☐ Personal ☐ Sick ☐ Bereavement ☐ Jury duty ☐ Unpaid ☐ Other: _____

First day off: _____

Last day off: _____

Date I return to work: _____

Total hours requested: _____

Comments (optional): _____

_____ _____

Employee signature Date

Manager use only

☐ Approved ☐ Approved with changes ☐ Denied

Changes or reason if denied: _____

Hours to record as paid: _____

Hours to record as unpaid: _____

_____ _____

Manager signature Date

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