



Employee Time Off Request Form

Today's Date: _____

Employee Name: _____

Time Off Request: _____ Days Hours

Beginning on: _____

Ending on: _____

Reason for Request (circle one)

Vacation Personal Leave Funeral/Bereavement

Jury Duty Family Reasons Medical Leave

To Vote

Other: _____

I understand that this request is subject to approval by my employer.

Employee's Signature: _____ Date: _____

Employer's Decision

Approved Rejected

Employer's Signature: _____ Date: _____