TIME OFF REQUEST FORM

TO BE COMPLETED BY EMPLOYEE:

Date: ______________________
Employee’s Name: _______________________________
Department/Title: _______________________________
Time Off Request: ______ ☐ Days ☐ Hours
Beginning on: ____________________________
Ending on: _____________________________

Reason for Request

☐ Paid time off ☐ Compassionate leave
☐ Sick Leave ☐ Home Office
☐ Unpaid time off ☐ Maternity Leave
☐ Vacation ☐ Time off in lieu
☐ Other ________________________________________________

Date: ______________________________
Employee’s signature: ________________________________

TO BE COMPLETED BY EMPLOYER:

Employer’s Decision

☐ Approved ☐ Rejected

Date: ______________________________
Employer’s signature: ________________________________