



Employee Time-Off Request Form

Complete and email to finance@hidayaacademy.com

Employee Information

Name: _____

Today's Date: _____

Number of Days Requested: _____

Starting On: _____ Ending On: _____

Will Return to Work On: _____

Type of Request (Check one of the following)

- Vacation Personal Leave Funeral/Bereavement Leave
 Jury Duty Family and Medical Leave
 Other

Did you find someone to cover your shift? Y___ N___

If yes, who? _____

Comments

Employee Certification

I understand that time away from work is subject to approval.

Employee Signature: _____ Date: _____

Approval

Approved: Yes No

Approval: _____ Date: _____