

Time Off Request Form

Employee Information

Name: _____ Employee ID: _____
 Date request submitted: _____ Department: _____
 Total number of days or hours requested: _____ Days Hours (check one)
 Beginning date: _____ Ending date: _____ Expected return to work date: _____

Type of Leave Requested

- | | |
|--|--|
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Military Leave |
| <input type="checkbox"/> Sick Leave | <input type="checkbox"/> Bereavement Leave |
| <input type="checkbox"/> Time off to vote | <input type="checkbox"/> Jury duty |
| <input type="checkbox"/> Personal leave of absence (explain below) | <input type="checkbox"/> Other (explain below) |

Additional Information (if needed)

Employee Acknowledgement

I understand that this is a request for leave. Approval is subject to eligibility verification and supervisory approval. Leave must be requested and taken in accordance with company policies.

Employee signature: _____ Date: _____

Approvals

Management approval Yes No Supervisor name: (print) _____
 Supervisor signature: _____ Date: _____

Eligibility verified by HR Yes No HR rep. name: (print) _____
 Supervisor signature: _____ Date: _____

Management approval Yes No Supervisor name: (print) _____
 Supervisor signature: _____ Date: _____

To payroll date: _____ Processed by payroll date: _____