

## EMPLOYEE TIME-OFF REQUEST FORM

Date: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Time Off Requested: \_\_\_\_\_



Reason for Time Off: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee's Signature: \_\_\_\_\_

- ☐ Time off granted as vacation leave.
- ☐ Time off granted as sick leave.
- ☐ Time off granted without pay.
- ☐ Time off granted with pay.
- ☐ Time off not granted.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_