

# Employee Time Off Request Form

Employee Name:

Employee #:

Position:

Department:

☐ Hours      ☐ Half Day      ☐ Full Day

Total number of requested days: \_\_\_\_\_

Reason for Time Off	Starting Date	End Date
<input type="checkbox"/> Vacation Leave		
<input type="checkbox"/> Sick Leave		
<input type="checkbox"/> Personal Leave		
<input type="checkbox"/> Family Leave		
<input type="checkbox"/> Parental Leave (Maternal/Paternal Leave)		
<input type="checkbox"/> Bereavement Leave		
<input type="checkbox"/> Sabbatical Leave		
<input type="checkbox"/> Military Leave		
<input type="checkbox"/> Jury Duty Leave		
<input type="checkbox"/> Compensatory Leave / Time Off in Lieu (TOIL)		
<input type="checkbox"/> Volunteer Time Off (VTO)		
<input type="checkbox"/> Other		

Notes:

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## To Be Completed By The Company

Manager Approval:      ☐ Approved      ☐ Rejected

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

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