

# 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:

To Be Completed By The Company

Manager Approval:    ☐ Approved    ☐ Rejected

Manager Signature:

Date: