

# Time Off Request Form

Employee Name: \_\_\_\_\_

Employee #: \_\_\_\_\_

Position: \_\_\_\_\_

Department: \_\_\_\_\_

☐ Hours      ☐ Half Day      ☐ Full Day

Total number of requested day(s): \_\_\_\_\_

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: \_\_\_\_\_