|  |
| --- |
| **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 |
|[ ]  Vacation Leave |  |  |
|[ ]  Sick Leave |  |  |
|[ ]  Personal Leave |  |  |
|[ ]  Family Leave |  |  |
|[ ]  Parental Leave (Maternal/Paternal Leave) |  |  |
|[ ]  Bereavement Leave |  |  |
|[ ]  Sabbatical Leave |  |  |
|[ ]  Military Leave |  |  |
|[ ]  Jury Duty Leave |  |  |
|[ ]  Compensatory Leave / Time Off in Lieu (TOIL) |  |  |
|[ ]  Volunteer Time Off (VTO) |  |  |
|[ ]  Other |  |  |
|  |
| Notes: |
|  |
|  |
|  |
| To Be Completed By The Company |
| Manager Approval: | [ ]  Approved | [ ]  Rejected |
| Manager Signature: |  | Date:  |

