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| Request Time Off Form |
|  |  |
| **Date of Request:**  |
|  |  |
| **Employee Information** |
| Employee Name: |  |
| Employee #: |  |
| Department: |  |
| Manager/Supervisor: |  |
|  |  |
| **Vacation Details:** |
| Start Date: |  |
| End Date: |  |
| Total Days Requested: |  |
| Type of Leave: |  |
| Additional Information (Optional): |  |
|  |
|  |
| **Contact Information:** |
| Phone Number: |  |
| Email Address: |  |
|  |  |
| **Acknowledgment:** |
| [ ]  I acknowledge that my leave request is subject to approval and that the information provided is accurate. |
| Employee’s Signature:  |
| Date:  |
|  |  |
|  |
| **Approval Information** |
| Manager’s Name: |  |
| Manager’s Signature: |  |
| Request Status: |  |
| Date of Approval: |  |
| Manager’s Comments (Optional): |  |
|  |

