

## Time-Off Request Form

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

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

Duration of time-off requested: \_\_\_\_\_  Days  Hours

Beginning on: \_\_\_\_\_ Ending on: \_\_\_\_\_

### Reason for Request

Vacation  Personal Leave  Funeral / Bereavement  Jury Duty  Family Reasons

Medical Leave  To Vote  Other: \_\_\_\_\_

### Comments

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I understand that this request is subject to approval by my employer.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Employer's Decision

Approved  Rejected

Reason (if rejected): \_\_\_\_\_

Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_