

Days Off Request Form

[COMPANY LOGO]

Employee Information:

Name: _____

Employee ID: _____

Days Off Requested: _____

- Paid
- Unpaid

Beginning on: _____ Ending on: _____

Reason For Day Off Request		
<input type="checkbox"/> Vacation	<input type="checkbox"/> Sick	<input type="checkbox"/> Funeral
<input type="checkbox"/> Personal	<input type="checkbox"/> Medical/ Dental Appointment	<input type="checkbox"/> Other:
<input type="checkbox"/> Family	<input type="checkbox"/> To Vote	

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

Employee Signature: _____ Date Signed: _____

Managers Decision:

- Approved
- Rejected

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Manager's Comments:

Manager's Signature: _____ Date Signed: _____