

Time Off Request Form

[COMPANY LOGO]

Date:	Type of Request: Hours ____ Dates ____
Employee Name:	Starting on:
Manager Name:	Ending on:

Please Circle The Reason for Your Request	
Vacation	To Vote
Personal Reasons	Funeral/ Bereavement
Medical Reasons	Jury Duty
Family Reasons	Other: _____

Additional Comments:

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

Employee Signature:	Date:
---------------------	-------

Manager's Approval:	
<input type="checkbox"/> Accepted	Manager's Signature:
<input type="checkbox"/> Rejected	Date:

Time Off Request Form

[COMPANY LOGO]