

Half Day Time Off Request Form

Please complete this form to request a half day of time off. Once filled, print the form and submit it to your supervisor for approval.

Employee Information

Employee Name:

Employee ID:

Department:

Date of Request:

Request Details

Requested Date of Leave:

Time Off Period (Type "Morning" or "Afternoon"):

Start Time:

End Time:

Total Hours Requested:

Reason for Request:

Signatures and Approval

Employee Signature:

Date Signed:

Manager / Supervisor Decision (Type "Approved" or "Denied"):

Manager Signature:

Date Signed: