

Standard Employee Time Off Request Form

Instructions: Please complete all sections of this form to request time off. Submit the completed form to your supervisor for review and approval.

Employee Information

Employee Full Name:

Employee ID:

Job Title:

Department:

Supervisor / Manager Name:

Request Details

Type of Time Off (e.g., Vacation, Sick Leave, Personal, Bereavement, Jury Duty):

Start Date (MM/DD/YYYY):

End Date (MM/DD/YYYY):

Total Number of Hours or Days Requested:

Reason for Request (Optional):

Signatures and Approvals

Employee Signature:

Date Signed (MM/DD/YYYY):

For Managerial Use Only

Approval Status (Approved / Denied / Conditionally Approved):

Manager Signature:

Date Signed (MM/DD/YYYY):

Manager Comments: