

# EMPLOYEE TIME OFF REQUEST FORM

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Date: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Request Reference No.: \_\_\_\_\_

## I. EMPLOYEE INFORMATION

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

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

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

Position Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

## II. TIME OFF REQUEST DETAILS

Type of Leave Requested:

Vacation

Sick Leave

Personal Day

Family and Medical Leave (FMLA)

Bereavement Leave

Other (Please specify): \_\_\_\_\_

Start Date of Leave: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

End Date of Leave: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Total Number of Days Requested: \_\_\_\_\_

Is this request urgent or due to unforeseen circumstances?

Yes  No

Reason for Request:

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### III. EMPLOYEE DECLARATION

I understand that this request is subject to management approval and staffing needs. I have reviewed the company's time off policies and confirm that I have sufficient accrued leave time to cover this request, or I am requesting unpaid leave.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**IV. MANAGEMENT APPROVAL**

Manager Name: \_\_\_\_\_

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

Approval Status:

- Approved
- Denied
- Approved with Modifications (Please specify below)

Comments/Conditions:

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Manager Signature: \_\_\_\_\_

Date: \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**V. HUMAN RESOURCES REVIEW (Optional)**

HR Representative Name: \_\_\_\_\_

Reviewed Date: \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

HR Notes:

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