

TIME OFF REQUEST FORM

This Time Off Request Form ("Form") is used by employees of _____ ("Company") to formally request leave or time off from work. This Form is to be submitted to the employee's supervisor or the Human Resources department for approval.

1. EMPLOYEE INFORMATION

Name: _____

Employee ID: _____

Department: _____

Position: _____

Contact Phone: _____

Contact Email: _____

2. REQUEST DETAILS

Type of Leave: _____ (e.g., Vacation, Sick Leave, Personal Leave)

Start Date: _____ day of

_____, 20 _____

End Date: _____ day of

_____, 20 _____

Total Number of Days: _____

Reason for Leave: _____

3. SUPERVISOR APPROVAL

Supervisor Name: _____

Signature: _____

Date: _____ day of

_____, 20 _____

Comments: _____

4. HR DEPARTMENT APPROVAL

HR Representative Name: _____

Signature: _____

Date: _____ day of

_____, 20 _____

Comments: _____

5. TERMS AND CONDITIONS

a. Governing Law and Jurisdiction: This Form shall be governed by and construed in accordance with the laws of the State of _____, and any disputes arising under this Form shall be resolved in the courts located in _____.

b. Severability: If any provision of this Form is found to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.

c. Entire Agreement: This Form constitutes the entire agreement between the parties regarding

the subject matter hereof and supersedes all prior agreements, understandings, and representations.

d. Notice: Any notice required or permitted under this Form shall be in writing and shall be deemed to have been duly given when delivered personally, sent by certified mail, or sent by email to the respective addresses provided above.

e. Amendment: This Form may only be amended or modified by a written agreement signed by both the employee and an authorized representative of the Company.

f. Termination: The Company reserves the right to terminate this Form and deny the requested time off if the employee fails to comply with the terms and conditions set forth herein.

g. Employee Acknowledgment: By signing this Form, the employee acknowledges that they have read and understood the terms and conditions herein and agree to comply with them.

h. Company's Right to Request Documentation: The Company reserves the right to request additional documentation to substantiate the reason for leave, particularly in cases of sick leave or other forms of leave that may require verification.

6. SIGNATURES

Employee Signature: _____

Date: _____ day of
_____, 20 _____

Print Name: _____

Supervisor Signature: _____

Date: _____ day of
_____, 20 _____

Print Name: _____

HR Representative Signature: _____

Date: _____ day of

_____, 20 _____

Print Name: _____

7. WITNESS

Witness Signature: _____

Date: _____ day of

_____, 20 _____

Print Name: _____

This Form is intended to facilitate the process of requesting and approving time off from work.
The employee acknowledges that submission of this Form does not guarantee approval of the requested time off.