



# Employee Time-Off Request Form

Employee's Name:

Today's Date:

Department:

## Time Requesting Off:

Start Date:

Start Date

Partial Day, Leaving at \_\_\_\_\_ (Time of day)

End Date:

Start Date

Partial Day, Returning at \_\_\_\_\_ (Time of day)

Return to Work Date:

Total Number of Days Requested:

## Reason:

Sick

funeral/Bereavement

Jury Duty

Maternity/Paternity Leave

Vacation

Family Leave

Personal

Other: \_\_\_\_\_

Comments:

Employee Signature:

Approved By:

Approval Signature:

Date: