

Time Off Request

Employee name	Job title / department	
Date of request	Manager	
☐ Vacation	☐ Sick	☐ Personal
☐ Jury duty	☐ Unpaid	☐ Bereavement
	☐ Other: _____	
First day off	Last day off	
Return to work	Total days / hours	
Employee signature	Date	
Manager use		
☐ Approved	☐ Declined	☐ Approved with changes: _____
Manager signature	Date	
Balance before	Balance after	