

Time Off Request Form

Date: _____

Employee Name: _____

Employee I.D.: _____

Employee Department: _____

Dates Requested: _____

Normal Shift Hours: _____

Return Date: _____

Vacation/Personal Time to be used: _____

Unpaid time to be taken: _____

Employee Signature: _____ Date: _____

Time Off Request Approved: Yes No

Notes: _____

Manager Signature: _____ Date: _____