TIME OFF REQUEST FORM

TO BE COMPLETED BY EMPLOYEE:

Date: _____

Employee's Name: _____

Department/Title: _____

Time Off Request: _____ ☐Days ☐Hours

Beginning on: _____

Ending on: _____

Reason for Request

☐Paid time off ☐Compassionate leave

☐Sick Leave ☐Home Office

☐Unpaid time off ☐Maternity Leave

☐Vacation ☐Time off in lieu

☐Other _____

Date: _____

Employee's signature: _____

TO BE COMPLETED BY EMPLOYER:

Employer's Decision

☐Approved ☐Rejected

Date: _____

Employer's signature: _____