



Time Off Request Form

Absence Information

Employee Name: _____

Department: _____

Manager: _____

Type of Absence Requested:

☐ Sick ☐ Vacation ☐ Bereavement ☐ Time off without pay

☐ Military ☐ Jury Duty ☐ Maternity/Paternity

Dates of Absence: _____ to _____

Reason for Absence: _____

Employee signature

Date

Manager Approval

Approved Rejected Comments: _____

Manager signature

Date