

# Day Off Request Form PDF

## Employee Information

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Position: \_\_\_\_\_

Department: \_\_\_\_\_

## Details of Day Off

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Type of Leave:

- Vacation
- Sick
- Personal
- Other (Specify): \_\_\_\_\_

## Reason for Request

Please specify your reason for the request:

\_\_\_\_\_

## Signatures

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Decision:

- Approved
- Denied

Supervisor's Comments:

**Manager/HR Approval**

**Manager Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_