

# Printable Day Off Request Form

## Employee Information

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

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

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

Date of Request: \_\_\_\_\_

## Request Details

Date(s) Off Requested: From \_\_\_\_\_ to \_\_\_\_\_

Type of Day Off:

- Vacation
- Sick
- Personal
- Jury Duty
- Medical Appointment
- Other: \_\_\_\_\_

## Reason for Day Off

Explanation:

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## Employee Signature

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

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

## Manager's Approval

- Approved

- Denied

**Manager's Comments:**

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

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