



Time Off Request Form Printable

Employee Information

- Full Name: _____
- Employee ID: _____
- Department: _____
- Manager/Supervisor: _____
- Date of Request: _____

Leave Details

- Leave Type:
 - Vacation
 - Sick Leave
 - Personal Leave
 - Family/Medical Leave
 - Other (Specify): _____
- Requested Start Date: _____
- Requested End Date: _____
- Number of Days: _____

Reason for Leave

- _____
- _____

Employee Signature

- Signature: _____
- Date: _____



For Supervisor Use Only

- **Supervisor Approval:**
 - **Approved**
 - **Denied**
- **Supervisor's Signature:** _____
- **Date:** _____