
Time Off Request Form Template

Employee Information

- Full Name: _____
- Employee ID: _____
- Department: _____
- Supervisor's Name: _____
- Date of Request: _____

Time Off Details

- Type of Leave Requested:
 - Vacation
 - Sick Leave
 - Personal Leave
 - Other (Specify): _____
- Start Date: _____
- End Date: _____
- Total Days Requested: _____

Reason for Time Off

- _____
- _____

Approval Section

- Supervisor Approval:
 - Approved

○ Denied

● Supervisor's Signature: _____

● Date: _____