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# Time Off Request Form for Employees

## Employee Details

- Full Name: \_\_\_\_\_
- Position/Title: \_\_\_\_\_
- Employee ID: \_\_\_\_\_
- Department: \_\_\_\_\_
- Date of Submission: \_\_\_\_\_

## Leave Request Information

### 1. Type of Leave:

- Paid Time Off
- Sick Leave
- Maternity/Paternity Leave
- Bereavement
- Jury Duty
- Other (Specify): \_\_\_\_\_

2. Start Date: \_\_\_\_\_

3. Return to Work Date: \_\_\_\_\_

4. Total Days Requested: \_\_\_\_\_

## Reason for Leave

- \_\_\_\_\_
- \_\_\_\_\_

## Emergency Contact Information (During Leave)

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

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- Phone Number: \_\_\_\_\_

### Supervisor's Approval

- Decision:
  - Approved
  - Denied
- Supervisor's Name: \_\_\_\_\_
- Supervisor's Signature: \_\_\_\_\_
- Date: \_\_\_\_\_