

# Time Off Request Form

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

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

Employee I.D.: \_\_\_\_\_

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

Dates Requested: \_\_\_\_\_

Normal Shift Hours: \_\_\_\_\_

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

Vacation/Personal Time to be used: \_\_\_\_\_

Unpaid time to be taken: \_\_\_\_\_

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

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Time Off Request Approved:            Yes            No

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_