



EMPLOYEE TIME-OFF REQUEST FORM

Date: _____

Employee's Name: _____

Time Off Requested: _____

Reason for Time Off: _____

Comments: _____

Employee's Signature: _____

- Time off granted as vacation leave.
- Time off granted as sick leave.
- Time off granted without pay.
- Time off granted with pay.
- Time off not granted.

Signature: _____

Date: _____