

Time Off Request Form

DATE OF REQUEST

____/____/____

Vacation, PTO, sick leave and other time off

1. EMPLOYEE

EMPLOYEE NAME	EMPLOYEE ID (OPTIONAL)
DEPARTMENT OR TEAM	MANAGER

2. DATES REQUESTED

FIRST DAY OFF	LAST DAY OFF	RETURN TO WORK ON	TOTAL DAYS OR HOURS
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3. TYPE OF TIME OFF

☐ Vacation or PTO	☐ Sick leave	☐ Personal day	☐ Unpaid leave
☐ Bereavement	☐ Parental or family	☐ Jury or civic duty	☐ Other: _____

4. FULL OR PARTIAL DAY

☐ Full days only	☐ Half day, morning	☐ Half day, afternoon	☐ Part of a day: ____ to ____
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5. REASON (OPTIONAL) AND EMPLOYEE SIGNATURE

REASON	
EMPLOYEE SIGNATURE	DATE SIGNED

6. MANAGER DECISION

☐ Approved	☐ Approved with changes	☐ Denied
CHANGES OR REASON FOR DENIAL		
MANAGER SIGNATURE	DATE	

7. LEAVE BALANCE AND NOTES

BALANCE BEFORE THIS REQUEST	THIS REQUEST	BALANCE AFTER THIS REQUEST
NOTES (HR OR PAYROLL USE)		