

Time Off Request Form

Vacation, PTO, sick leave and other time off

DATE OF REQUEST

___/___/___

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)		