

TIME OFF REQUEST

Employee's Name: _____

Position: _____

Today's Date: _____



Type of Request:

Vacation

Personal Leave

Family or Medical Leave

Funeral

Other

Reason: _____

Date of time off:

Beginning Date: _____

Time: _____

Return to Work Date: _____

Time: _____

Employee's Signature: _____ Date: _____

Manager's Signature: _____ Date: _____

Approved: Yes No

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Approved: Yes No