

Time Off Request Form

All time off requests must be submitted and approved by management in advance.

EMPLOYEE INFORMATION

Employee Name: _____ Last 4 of SSN: _____
Company Name: _____ Department: _____
Today's Date: _____ Number of Days Requested: _____
Starting on: _____ Ending on: _____

TYPE OF REQUEST

<input type="checkbox"/> Vacation/PTO	<input type="checkbox"/> Sick Time
<input type="checkbox"/> Bereavement Leave	<input type="checkbox"/> Military Leave
<input type="checkbox"/> Jury Duty	<input type="checkbox"/> Personal Leave
<input type="checkbox"/> Family and Medical Leave (FMLA)	<input type="checkbox"/> Other: _____

COMMENTS

EMPLOYEE CERTIFICATION

I understand that time away from work is subject to management approval and company policies.

Employee Signature: _____ Date: _____

MANAGEMENT APPROVAL

Supervisor Signature: _____ Date: _____

Supervisor Name Printed: _____

CORPORATE HR APPROVAL

Leave Approved ☐

Leave Denied ☐

Corporate HR Signature: _____ Date: _____