**EMPLOYEE TIME-OFF REQUEST FORM**

**[Company Name]**

**Employee Name:** [Name]

**Department & Job Position:** [Department & Job Position]

**Date of Request:** [Date]

**Dates Requested for Leave:** [Date]

**Type of Leave**

Vacation

Medical Leave

Jury Duty

Sick Leave

**Manager Approval**

Yes

No

**Employee Signature** [Signature]

**Date:** [Date]

**Manager Signature** [Signature]

**Date:** [Date]