**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]