**EMPLOYEE TIME-OFF REQUEST FORM**

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| --- |
| Absence Information |
| Employee Name: | [Name] |
| Employee Number: | [Number] |
| Department: | [Department] |
| Manager: | [Name] |

|  |
| --- |
| **Type of Absence Requested** |
|[ ]  Sick |[ ]  Vacation |[ ]  Bereavement |[ ]  Off Without Pay |
|[ ]  Military |[ ]  Jury Duty |[ ]  Maternity/Paternity |[ ]  Other |

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| **Manager Approval** |
|[ ]  Approved |
|[ ]  Rejected |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Manager Signature |  | Date |