**EMPLOYEE TIME-OFF REQUEST FORM**

|  |  |
| --- | --- |
| 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 |

|  |  |
| --- | --- |
| **Manager Approval** | |
|  | Approved |
|  | Rejected |

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