**EMPLOYEE TIME-OFF REQUEST FORM**

|  |  |
| --- | --- |
| [Employee Name] | [Department] |
| [Employee Number] | [Social Security #] |

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

**Manager Approval**

### [ ]  Yes

### [ ]  No

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