**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 |