**TIME OFF REQUEST FORM**

**TO BE COMPLETED BY EMPLOYEE**

Name [Name]

ID Number [Number]

Date of Request [Date]

**VACATION TIME**

Start Date [Date]

End Date [Date]

Number of Days [#]

**PERSONAL DAY**

Date [Date]

**ARRIVE LATE – LEAVE EARLY:** must be submitted to HR at least 2 working days prior to request

Date [Date]

If late arrival, arrival time [Time]

If leaving early, leave time [Time]

**APPROVED DAY OFF**

Start Date [Date]

End Date [Date]

Number of Days [#]

**TO BE COMPLETED BY SUPERVISOR OR HR:**

Date Received Stamp [Date]

**Comments**

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