



**Employee Time-Off Request Form**

Today's Date: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Time-Off Request: \_\_\_\_\_  Days

Beginning on: \_\_\_\_\_

Ending on: \_\_\_\_\_

**Reason for Request**

- Vacation       - Personal Leave       - Funeral / Bereavement

- Jury Duty       - Family Reasons       - Medical Leave

- To Vote     - Other: \_\_\_\_\_

**I understand that this request is subject to approval by my employer.**

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Employer's Decision**

- Approved       - Rejected

Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_