|  **TIME OFF REQUEST FORM** |
| --- |
| **Employee name:** |  |
| **Department:** |  |
| **Manager:** |  |
| **Leave duration:** | Start Date:  | End Date: | Total Hours: |
| **Please select type of leave.** |
| * Sick leave
* Vacation leave
* Personal leave
* Parental leave
* Voting time
 | * Bereavement
* Jury duty
* Floating holiday
* Unpaid leave
* Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Additional comments: |
| Employee signature:  | Date:  |
| **Manager’s Approval** |
| * Approved
 | * Declined
 |
| Comments:  |
| Manager’s signature: | Date: |