| **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: | | |