

## Time Off Request Form

### Absence Information

Employee Name: \_\_\_\_\_

Manager Name: \_\_\_\_\_

### Type of Absence Requested

- |  |                                    |  |                                   |
|--|------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Sick          | <input type="checkbox"/> Vacation  | <input type="checkbox"/> Bereavement   | <input type="checkbox"/> Birthday |
| <input type="checkbox"/> Doctor's Appt | <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Personal Time | <input type="checkbox"/> Other    |

Dates of Absence: From \_\_\_\_\_ to \_\_\_\_\_

*You must submit requests for absences, other than sick leave, five days prior to the first day you will be absent.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Manager Approval

- Approved  
 Rejected

Comments:

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_