## Time Off Request Template

**Name of the employee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Id:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE FILLED BY THE EMPLOYEE:**

**Leave Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Leave End Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Request Type:** 🞎 Full-Time 🞎 Hourly Time Off

**Type of Leave:**

🞎 Sick Leave 🞎 Vacation Leave 🞎 Personal Leave 🞎 Sabbatical Leave

🞎 Parental Leave 🞎 Military Leave 🞎 Bereavement Leave 🞎 Others

**Number of Days Requested:** \_\_\_\_\_\_\_\_\_\_ **Number of Hours requested:** \_\_\_\_\_\_\_\_\_\_

**Employees Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE FILLED BY THE MANAGER:**

**Request Decision:** 🞎 Approved 🞎 Rejected

**Manager’s Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Manager’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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