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: _____