

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:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Hourly Time Off	
Type of Leave:			
<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Vacation Leave	<input type="checkbox"/> Personal Leave	<input type="checkbox"/> Sabbatical Leave
<input type="checkbox"/> Parental Leave	<input type="checkbox"/> Military Leave	<input type="checkbox"/> Bereavement Leave	<input type="checkbox"/> Others
Number of Days Requested:	_____	Number of Hours requested:	_____
Employees Comments:	_____		

TO BE FILLED BY THE MANAGER:

Request Decision:	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
Manager's Comments:	_____	
Manager's Signature:	_____	