**Time Off Request Form**

**Employee Details**

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

Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Request Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Step-by-Step Process:**

This form facilitates a structured approach for requesting time off. The employee must fill out the form, discuss the request with their supervisor for initial approval, and submit it to HR for processing. Supervisors should review the request considering team needs and approve if appropriate. HR will finalize the request, updating the employee's records accordingly.

**Time Off Details**

Select the type of leave you are requesting:

* Vacation
* Personal
* Sick
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Leave Starts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Leave Ends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Notes/Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Time Off Request Form**

**Authorization**

To be completed by Supervisor:

Approved: [ ] Yes [ ] No

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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