

EMPLOYEE REQUEST FOR TIME OFF OR LEAVE OF ABSENCE

Employee Name: _____ Date Submitted: _____

Department: _____

Please indicate the type of time off or leave requested:

- ☐ Vacation
☐ Sick Leave
☐ Personal Time Off
☐ Company Provided Leave- Type of Company Provided Leave Requested:

☐ Other (Please indicate the reason):

Number of work days/ workweeks requested for time off or leave: _____

Beginning: _____ Ending: _____

Returning to work on: _____

Employee Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Company Response to Request	
Leave of Absence or Time Off:	Approved () Not Approved ()
Company Representative: _____	Date: _____