**Add stock/company or document related Image here,**

*Once you add image, click on it got to “Picture format” and then from “Arrange” tab go to the “sent to back” and click sent to back option. Also make sure the wrap the image “behind text” is also checked. And manually position image.*

Time-Off Request Form

**Updated: January 22, 2025**

Prepared For:

Completed By:

www.yourwebsite.com

**Add Your Company Logo/Name here**

**Table of Contents**

[Time-Off Request 2](#_Toc188127944)

[How to Use This Document 2](#_Toc188127945)

[Section 1: Employee Information 3](#_Toc188127946)

[Section 2: Time-Off Details 3](#_Toc188127947)

[Type of Leave Requested (Select all that apply): 3](#_Toc188127948)

[Leave Duration: 3](#_Toc188127949)

[Section 3: Reason for Leave 3](#_Toc188127950)

[Section 4: Impact and Coverage Plan 4](#_Toc188127951)

[Key Responsibilities During Leave: 4](#_Toc188127952)

[Section 5: Employee Acknowledgment 4](#_Toc188127953)

[Section 6: Management Review & Approval 4](#_Toc188127954)

[Section 7: HR Use Only 5](#_Toc188127955)

# Time-Off Request

## How to Use This Document

This form is designed to streamline time-off requests, ensuring consistency and proper documentation. Employers should use this form to manage employee absences effectively. Employees should submit the form as early as possible to allow sufficient time for planning and approval. Employers may customize the fields to suit their organizational policies.

***Disclaimer:*** *This document is provided as a template to assist employers in Ontario. It is not a substitute for legal advice. Employers should consult with a legal or HR professional to ensure compliance with applicable laws and regulations. ProSupport HR Partners assumes no liability for the use of this document.*

# Section 1: Employee Information

* Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Employee ID (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Manager/Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ContactInformation:
  + Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section 2: Time-Off Details

## Type of Leave Requested (Select all that apply):

Vacation Sick Leave (attach doctor's note if required) Personal Leave

Family Responsibility Leave Bereavement Leave Jury Duty

Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Leave Duration:

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

**Return to Work Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Total Number of Days Requested:** \_\_\_\_\_\_\_\_\_\_\_\_

**Leave Accrual Verification (For HR Use):**

* Available Days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Days Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section 3: Reason for Leave

(*Optional. For specific leave types, such as bereavement or jury duty, additional documentation may be required.*)

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

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

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

# Section 4: Impact and Coverage Plan

## Key Responsibilities During Leave:

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

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

* **Coverage Arrangements (if applicable):**
  + Substitute Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Substitute Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Training or Handover Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Impact Mitigation Notes:**

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

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

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

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

# Section 5: Employee Acknowledgment

I confirm that all information provided in this request is accurate. I understand that approval of this request is subject to company policy, and I may be required to provide further documentation to support my leave.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section 6: Management Review & Approval

**Request Received By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Received:** \_\_\_\_\_\_\_\_\_\_\_\_\_

* Decision:  Approved  Denied (Reason): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Additional Comments or Conditions for Approval:**

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

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

**Manager/Supervisor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section 7: HR Use Only

* **Leave Balance Verification:**
  + Total Days Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Days Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Documentation Attached:**
  + Doctor’s Note
  + Bereavement Proof
  + Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Approval Notification Sent To Employee:**  Yes (Date: \_\_\_\_\_\_\_\_\_\_)  No

**HR Representative Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Important Notes:***

* ***Submission Deadline:*** *Requests should be submitted at least* ***[insert company policy, e.g., 2 weeks]*** *in advance of the planned leave, except for emergencies.*
* ***Approval Process:*** *Employees will be notified of the decision within* ***[insert timeline, e.g., 5 business days]*** *of submission.*
* ***Record Keeping:*** *A copy of this form will be maintained in the employee's personnel file for compliance and audit purposes.*

**Please delete the last page once you are done.**

****



**Contact Us:**

**Email:** [contact@prosupporthr.ca](mailto:contact@prosupporthr.ca)

**Phone:** 289-628-1484

**Website:** <https://prosupporthr.ca>

**Copyright © 2025 Prosupport HR Partners**

All rights reserved. Unauthorized reproduction or distribution of this template is prohibited