E-Logic
IT SOLUTIONS

TIME OFF
Request Form
DATE: ____ / ____ / ____

EMPLOYEE INFORMATION

Employee name: _____

Department: _____

TIME OF REQUEST

Start Date: _____   Return Date: _____

Days: _____   Hours: _____

TYPE OF REQUEST

☐ Vacation   ☐ Off Without Pay

☐ Sick Time   ☐ Other _____

COMMENTS

_____

APPROVAL

☐ Approved   ☐ Rejected

_____   _____
Employee Signature   Supervisor Signature

_____
Luis Padilla
CEO Signature