

**TIME OFF REQUEST FORM**

Your request for time off must be submitted and approved by your manager before forwarding to HR.

**EMPLOYEE INFORMATION**

Employee Name: Vaibhav Shah Department: Mobile

Date of Absence: 8-Apr-2024  through 8-Apr-2024   
Start Date Time (if applicable) End Date Time (if applicable)

Total Hours/Days Requested: 1 Day Returning to work on: 9-Apr-2024

**TYPE OF REQUEST**

- ☐ Vacation/Holiday Leave: Going out of town
- ☐ Medical Appointment (attach paperwork):
- ☐ Bereavement Leave:
- ☐ Sick Leave (attach paperwork):
- ☐ Paternity/Maternity Leave :

**EMPLOYEE ACKNOWLEDGEMENT**

**I understand that time away from work is subject to management approval and company policies.**

Employee's Signature:  Date: 3-Apr-2024

**APPROVAL**

APPROVED: ☐ YES ☐ NO

Department Manager's Signature:  Date: