Time Off Request Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Request details | | | | | |
| Employee name |  | | | | |
| Job title |  | | | | |
| Department |  | | | | |
| Manager/Supervisor name |  | | | | |
| Time off request | [Number] |  | Days |  | Hours |
| Starting on | [MM/DD/YYYY] | | | | |
| Ending on | [MM/DD/YYYY] | | | | |
| Leave balance prior to request | [Number to be filled in by HR] | | | | |

|  |  |  |
| --- | --- | --- |
| Reason for request | |  |
| Vacation | Personal Leave | Funeral/Bereavement |
| Jury Duty | Family Reasons | Other: |
| To Vote | Medical Leave |  |

|  |  |
| --- | --- |
| **I understand that this request is subject to approval by my employer.** | |
| Employee signature |  |
| Date | *[MM/DD/YYYY]* |

|  |
| --- |
| **Notes and comments (Optional)** |
|  |

|  |  |
| --- | --- |
| **Employer’s Decision** | |
| Approved  Rejected | |
| Employer representative signature |  |
| Date | [MM/DD/YYYY] |

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| --- |
| **Notes and comments (Optional)** |
|  |



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