Time Off Request Form

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| 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 |  |

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

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| --- |
| **Notes and comments (Optional)** |
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| **Employer’s Decision** |
| [ ]  Approved [ ]  Rejected |
| Employer representative signature |  |
| Date | [MM/DD/YYYY] |

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

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