



## Time Off Request Form

Please submit this form for approval at least two weeks in advance of your preferred time off dates.

Date: \_\_\_\_\_ Employee Name: \_\_\_\_\_

**Full Day Time Off Request:** Date(s) Requested: \_\_\_\_\_ through \_\_\_\_\_

Returning Date: \_\_\_\_\_

**Partial Day Time Off Request:**

Date \_\_\_\_\_ From (time) \_\_\_\_\_ To (time) \_\_\_\_\_

**CHANGE – Submitted Request**

Date/Time Submitted: \_\_\_\_\_

Change To: \_\_\_\_\_

**Total Number of Day(s) / Hour(s) Requested:** \_\_\_\_\_ **Day(s) /** \_\_\_\_\_ **Hour(s)**

Vacation  DR. Appt  Sick with Medical Released (attached Med. Release form)  Other

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**Approval:**  Approved  Not Approved – Reason: \_\_\_\_\_

\_\_\_\_\_  
Manager

\_\_\_\_\_  
Date