**Add logo here  
  
Employee Time off Work Request**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee name:** |  | **Title:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Manager name:** |  | **Date:** |  |

**Employee Information for Time Off Request**

**Request Type:**

Sick  Vacation  Bereavement  Time off without pay  Military

|  |  |
| --- | --- |
| Other: |  |

Jury duty  Maternity or paternity

|  |  |  |  |
| --- | --- | --- | --- |
| **Requested dates:** |  |  |  |

From To

|  |  |
| --- | --- |
| **Reason for absence:** |  |

|  |  |
| --- | --- |
| **Coverage (if applicable):** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee signature:** |  | **Date:** |  |

|  |  |
| --- | --- |
| **Employee name:** |  |

**Approval Information**

**Approval status:**   Approved  Denied

Comments:

|  |
| --- |
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|  |  |  |  |
| --- | --- | --- | --- |
| **Manager signature:** |  | **Date:** |  |

|  |  |
| --- | --- |
| **Manager name:** |  |

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