**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:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

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

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

**Disclaimer:** While the information and guidance provided in this document is believed to be current and accurate at the time of posting, it is not intended to be and should not be construed to be or relied upon as legal, financial, or consulting advice. Before use, each document should be tailored to the unique nature of your practice, including applicable state law. Consult with an attorney and other advisors. References and links to third parties do not constitute an endorsement or sponsorship by the AMA, and the AMA hereby disclaims all express and implied warranties of any kind in the information provided.



© 2023 American Medical Association. All rights reserved.