

# Request Time Off Form

**Date of Request:**

**Employee Information**

Employee Name:	
Employee #:	
Department:	
Manager/Supervisor:	

**Vacation Details:**

Start Date:	
End Date:	
Total Days Requested:	
Type of Leave:	
Additional Information (Optional):	

**Contact Information:**

Phone Number:	
Email Address:	

**Acknowledgment:**

I acknowledge that my leave request is subject to approval and that the information provided is accurate.

Employee's Signature:

Date:

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**Approval Information**

Manager's Name:	
Manager's Signature:	
Request Status:	
Date of Approval:	
Manager's Comments (Optional):	