

# TIME OFF REQUEST FORM

Employee's Name: \_\_\_\_\_

Employee's Mnager: \_\_\_\_\_

Time Off Request: \_\_\_\_\_  Days  Hours

Beginning On: \_\_\_\_\_

Ending on: \_\_\_\_\_

## Reason For Request

Vacation

Family Reason

Jury Duty

Other

To Vote

Funeral

Personal Leave

Medical Leave

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Employee's Decision:

Approved  Date: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

# EMPLOYEE'S TIME-OFF RECORD

Employee's Name: \_\_\_\_\_

Year: \_\_\_\_\_

No.	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
1												
2												
3												
4												
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6												
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29												
30												
Total												