

Time-off request form

Fill in and hand this form to your manager before the time off. A request is approved only when the manager has signed the decision below.

Employee

Employee name

Employee no.

Department

Manager

Date of request

Job site / location

Type of time off

- ☐ Vacation / PTO ☐ Sick leave ☐ Personal day ☐ Unpaid leave
☐ Bereavement ☐ Jury duty ☐ Other: _____

Dates and hours

First day off

Last day off

Back at work on

Partial day (from – to)

Total days

Total hours

Reason or comments (optional)

Who covers your work or jobs while you are out

Leave balance (hours)

Balance before request	Requested	Remaining after request

Filled in by the manager or HR from the current balance. Unpaid leave does not reduce the balance.

Employee signature and date

Manager decision

- ☐ Approved ☐ Denied ☐ Approved with changes (see below)

Reason if denied or changed

Manager signature and date

Entered in payroll / time system by (initials and date)