



Employee Request for time off Form

Employee Information

Today's date _____

Employee Name _____

Number of days requesting off _____

Requested day starting on _____ Requested day ending
on _____

I will Return back to work on (enter date) _____

- I would like to use health and wellness hours (Enter amount of hrs.)** _____

Reason for Request

- Vacation
- Personal leave
- Funeral/Bereavement leave
- Jury duty
- Medical Leave
- FMLA
- Other

Employee Signature _____

Date _____

Management signature _____ Received
date _____