(Please replace this image with your company logo)

Time Off Request Form

Employee Name: _____

Department: _____

Time Off Manager: _____

Time Off Type	Start Date	End Date	Total Days

Time Off Types: (Modify this list to reflect the types of time off your company offers)

- Vacation
- Sick leave
- Personal leave
- Work from home
- Unpaid leave
- Sabbatical

Additional Notes: _____

_____

_____

Employee Signature: _____ **Date: _____**

Manager Signature: _____ **Date: _____**