



HR for Health

Employee Time-Off Request Form

For tips and insights on how to use this template, [visit this article](#).

Today's date	
Employee's Name	
Time-off request	_____ Days / _____ Hours
Beginning on	
Ending on	
Review period	

Reason for Request

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Jury Duty | <input type="checkbox"/> To Vote |
| <input type="checkbox"/> Personal Leave | <input type="checkbox"/> Family Reasons | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Funeral/Bereavement | <input type="checkbox"/> Medical Leave | |

I understand that this request is subject to approval by my employer

Employee's signature _____

Date _____

Employer's Decision

- Approved
 Rejected

Employer's Signature _____

Date _____

Print name _____