

Time Off Request

Time Off Request				
Employee:				
Name:		Date:		
Email:		Phone:		
Requested start date/time:				
Requested end date/time:				
Time off type:	<input type="checkbox"/>	Paid time off	<input type="checkbox"/>	Volunteering
	<input type="checkbox"/>	Sick	<input type="checkbox"/>	Family leave
	<input type="checkbox"/>	Bereavement	<input type="checkbox"/>	Disability
			<input type="checkbox"/>	Other
Additional comments:				
Employer Response				
Employer name:				
Employer role / title:				
Approved (Y/N):				
Response date:				
Additional comments:				