|  |  |
| --- | --- |
|  | Time-off Request Form |

# 

## Request Information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Name: |  | | | | | | |
| Department: |  | | | | | | |
| Manager: |  | | | | | | |
| Type of Absence Requested: | | | | | | | | | |
| Sick | |  | Vacation |  | Jury Duty |  | Time Off Without Pay | |
| Military | |  | Maternity |  | Bereavement |  | COVID EE Sick time | |
| Other \_\_\_\_\_\_\_\_\_\_ | |  |  |  |  |  |  | |

**Date(s) Requested:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Hours Requested**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| *Explanation for Absence (if needed):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
|  |  |
| Employee Signature | Date |

## Manager Approval

|  |  |  |
| --- | --- | --- |
|  |  | Approved |
|  |  | Rejected |

|  |
| --- |
| Comments: |

|  |  |
| --- | --- |
|  |  |
| Manager Signature | Date |

Once completed, please email form to Shawna Barva (shawna@zglobal.biz).