



## REQUEST FOR TIME OFF

Name \_\_\_\_\_

Date Submitted \_\_\_\_\_



Day and Date Leave to Begin: \_\_\_\_\_  
Day of the Week \_\_\_\_\_ Date \_\_\_\_\_

Day and Date of Return: \_\_\_\_\_  
Day of the Week \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_



**Do not write below this line.**



Date Received: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_

- Notified employee/contractor of receipt and approval.

Additional comments: \_\_\_\_\_  
\_\_\_\_\_