

# TIME OFF REQUEST FORM

Request Date:

| Requestor Information |                     |
|-----------------------|---------------------|
| First Name            | Last Name           |
|                       |                     |
| Email Address         | Position/Department |
|                       |                     |

| Time Off Details |          |      |
|------------------|----------|------|
| Start Date       | End Date | Type |
|                  |          |      |

| Approver Details |                 |               |
|------------------|-----------------|---------------|
| First Name       | Last Name       | Job Title     |
|                  |                 |               |
| Email Address    | Approval Status | Date Approved |
|                  |                 |               |