**TIME AWAY FROM WORK REQUEST FORM**

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| --- | --- |
| Date Submitted: |  |
| Employee Name: |  |

Type of Request (select one):

Vacation Day(s)

Personal Illness/Injury Leave (sick day(s)) paid or unpaid

Statutory day in lieu (specify which stat day):

Personal Day (optional)

Overtime (if overtime bank exists otherwise remove)

Other (specify):

Date(s) requested or taken off (in the case of unexpected sick/personal days):

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Total number of working days absent:

|  |
| --- |
|  |

Reason (if applicable):

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| --- |
|  |

Employee Signature:

Approved?:  Yes No

|  |  |
| --- | --- |
| Reason (if no): |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor Signature: |  | Date: |  |
| Manager Signature: |  | Date: |  |

*\*Specify if there are parameters for requesting days off (e.g., vacation requests must be submitted at least 2 weeks in advance as per policy) or add a note: Requests not received within this timeframe will only be accommodated if business needs allow.*