**Day Off Request Form**

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| --- | --- |
| Date: |  |

|  |  |
| --- | --- |
| Employee’s Name: |  |

|  |  |
| --- | --- |
| Time Off Requested: |  |

|  |  |
| --- | --- |
| Reason for Time Off: |  |

|  |  |
| --- | --- |
| Comments: |  |
|  | |
|  | |
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|  |  |
| --- | --- |
| Employee’s Signature: |  |

 Time off granted as vacation leave.

 Time off granted as sick leave.

 Time off granted without pay.

 Time off granted with pay.

 Time off not granted.

|  |  |
| --- | --- |
| Signature: |  |

|  |  |
| --- | --- |
| Date: |  |