**Day Off Request Form**

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

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

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

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

|  |  |
| --- | --- |
| Comments: |  |
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|  |
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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:  |  |