

Day Off Request Form Template

Employee Information

Full Name: _____

Position: _____

Date of Submission: _____

Request Type

- Paid Day Off
- Unpaid Day Off

Start Date: _____

End Date: _____

Reason for Request

- Vacation
- Sick Leave
- Personal
- Other (Specify): _____

Additional Comments (if any):

Employee Signature

Signature: _____

Date: _____

Manager/HR Use Only

- Approved

- Denied

Approval Signature: _____

Date: _____