

Simple Day Off Request Form

Employee Name: _____

Employee Number: _____

Date of Request: _____

Dates Requested

Start Date: _____

Return Date: _____

Reason for Request

- Sick Leave
- Vacation
- Personal
- Jury Duty
- Medical Leave
- Other: _____

Manager's Review

- Approved
- Denied

Comments:

Employee Signature: _____

Date: _____

Manager Signature: _____

Date: _____

