Time off request form

Hand this in before the schedule is built. A manager will reply within a few days.

Employee

Name and role _____

Date submitted _____

Request

First and last day off _____

Whole days, or part of a day (times) _____

Type: vacation, sick, personal, unpaid, other _____

Scheduled shifts affected _____

Cover arranged, if any _____

Manager

Decision: approved, approved in part, declined _____

Reason or note _____

Decided on / employee told on _____

Manager initials _____

Employee initials _____