# Employee time-off request form

**Employee name:** _____ **Role:** _____

**Business:** _____ **Date of request:** _____

## Leave requested

**First day off:** _____ **Last day off:** _____ **Back at work on:** _____

**Working days requested:** _____ **Or hours requested:** _____

**Type of leave:** ☐ Paid holiday ☐ Unpaid leave ☐ Time off for overtime ☐ Other (see note)

**Who covers my work:** _____

**Note from the employee:**

_____

_____

_____

_____ _____

Employee (signature) Date

## Manager decision

**Request received on:** _____ **Leave left before this request:** _____

**Decision:** ☐ Approved ☐ Approved with changes ☐ Refused

**Reason (required if refused) or changes agreed:**

_____

_____

_____

_____

_____ _____

Manager (name, signature) Date

## After the decision

☐ Entered in the shift schedule ☐ Entered in the leave record ☐ Copy given to the employee