

Time Off Request Form

Employee Name:			
Department:			
Manager:			
	☐ Vacation/PTO	Jury Duty Submit copy of Summons to Duty	Other
Dates of Absence: F	rom:	To:	
Reason for Absence:			
	ng my failure to return to work,		e above date, and/or do not contact ave voluntarily abandoned my job. Date
	Mana	ger Approval	
Approved			
Rejected			
Comments:			
Manager Signature			 Date
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