# Time-off Request Form

**Employee Name:**

**Direct Manager / Supervisor**

| Start Date | End Date | Total Days | Reason Code |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Reason Codes

**V:** Vacation day
**F:** Floater day
**PL:** Personal leave paid
**PU:** Personal leave unpaid
**O:** Other

**Approved:**

Yes        No

**Employee Signature:**

**Manager Signature:**