SHEAKLEY HR, LLC

Employee Time Off Request Form

Time Off Information			
Employee Name:			
Employee SSN:		Department:	
Client Company			

Type of Absence Requested:

☐	Sick	☐	Vacation	☐	Bereavement	☐	Time Off Without Pay
☐	Military	☐	Jury Duty	☐	Family Medical Leave (FMLA)	☐	Other

Dates of Leave From:		To:	

Reason for Leave:

Your request for time off, other than sick leave, must be submitted, scheduled and approved by your manager, two weeks prior to the first day you will be on leave.

Employee Signature	*Date*

Manager Approval	
☐	Approved
☐	Rejected

Comments:

Manager Signature	*Date*