

TIME OFF REQUEST FORM

Employee Name: _____ Employee ID: _____

Department: _____ Position/Title: _____

Manager/Supervisor: _____

Time Off Details:

Type of Leave Requested: _____

Start Date and Time: _____

End Date and Time: _____

Number of Hours or Days Requested: _____

Reason for Leave (if required):

Employee Declaration:

I certify that the information provided in this Time Off Request Form is accurate and complete to the best of my knowledge. I understand that approval of this request is subject to company policies and operational requirements. I agree to comply with all relevant policies and procedures related to leave and understand that falsification of information may result in disciplinary action.

Manager/Supervisor Comments and Approval:

Manager/Supervisor Name: _____

Manager/Supervisor Signature: _____

Date of Approval: _____

Human Resources Use Only:

Received and processed by Human Resources. Documentation verified. Leave balance updated as per company records. This form is subject to the Personal Information Protection and Electronic Documents Act (PIPEDA) and any applicable provincial privacy laws.

HR Representative Name: _____

HR Representative Signature: _____

Date: _____

EMPLOYEE SIGNATURE

MANAGER/SUPERVISOR SIGNATURE

Signature: _____

Signature: _____

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