Time off request

Fill in this form at least two weeks before your time off, sign it and give it to your manager.

*Fields marked * are required.*

Your request

Your name *

Department

Type of leave *

◯ Vacation ◯ Sick leave ◯ Personal day ◯ Parental leave ◯ Other

First day *

Last day *

Working days

Phone while away

Notes for your manager

☐ I confirm this request and sign below. *

Your signature *

Date *

For your manager

Decision

◯ Approved ◯ Not approved

Manager's name

☐ I confirm this decision and sign below.

Manager's signature

Date of decision