Toy Store Time-Off Request Form

| Employee Name | |
|--------------------|---|
| | |
| Employee ID | |
| | |
| Department | |
| | |
| Manager Name | |
| | |
| Start Date | |
| | |
| End Date | |
| | |
| Type of Time-Off | |
| <u> </u> | |
| Reason/Comments | _ |
| | |
| Date Requested | _ |
| · | |
| Employee Signature | |
| | _ |