

TIME OFF REQUEST

***Please be aware that we require a two week notice for non-emergency time off requests**

PLEASE CIRCLE ONE :

VACATION/PERSONAL HOLIDAY/SICK LEAVE/MEDICAL LEAVE/OTHER
(identify below) Please be advised all requested time off is *without compensation*. The only exception is earned/qualifying vacation time.

Additional Notes:

NAME: _____

Date Submitted: _____

TOTAL NUMBER OF DAYS REQUESTED: _____

Beginning Date: _____

Return to work: _____

Management Notes

APPROVED: _____

Date: _____