

TIME OFF REQUEST

Please complete and submit to your supervisor for approval.

Request Date

Employee Name (First and Last Name)

Office Title

Vacation/Personal

Please fill in the dates you are requesting
off

Day you plan to return to the office

Employee Signature

Date

Supervisor to complete and submit to Payroll and provide a copy to the employee.

Approved or Not Approved

Total Amount of Days/
Hours Requested by Employee

If NOT Approved, Explain Why

Provider/Office Manager

Date