



Time Off Request Form

Employee Name: _____

Position: _____

Date: _____

HOURS REQUESTING

DATE	TIME OFF START	TIME OFF END	TOTAL HOURS OFF

REASON FOR REQUEST: _____

PROVIDER COVERING SHIFT: _____

EMPLOYEE SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

APPROVED/DENIED

REASON: _____

SIGNATURE: _____ DATE: _____