



REQUEST FOR TIME OFF

Employee must complete request two weeks {14 days} in advance of requested time off dates and deliver in person to immediate supervisor. The supervisor will review request and available attendance records and will advise employee of status of request. A copy of the request will then be submitted to the facility Office Manager. The supervisor will retain original request for employee's attendance records.

EMPLOYEE: _____ Date _____ Request
Submitted: _____

Reason for Time Off

Request: _____

If approved, my time off will begin on _____ and end on

My first day back to work will be: _____

Employee Signature Date

Supervisor's Signature Date

MANAGEMENT APPROVAL

Manager's

Signature: _____ **Date:** _____
