TIME-OFF REQUEST

Employee Notifed

Documentation Completed

Date: Name: Date: Name: Please write in the specific week, day(s), or hours you are requesting off. Please write in the specific week, day(s), or hours you are requesting off. Submit one request for each event (time, day, or block of days) Submit one request for each event (time, day, or block of days) Example: 7/8/12 1-3pm OR 7/15/12 OR 7/31-8/2/12 Example: 7/8/12 1-3pm OR 7/15/12 OR 7/31-8/2/12 Reason: Reason: To be completed by office staff To be completed by office staff Date received in office: Date received in office: Request Denied Due To: Request Denied Due To: Date Date Office Approved Request: Office Approved Request: Date Date

Employee Notifed \square

Documentation Completed

TIME-OFF REQUEST