



Time Off Request Form

(2 weeks advance notice required)

Date submitted to supervisor _____

Employee Name: _____

Dates Requested: 1st day off _____ Date returning to work _____

Do you have an alternate choice of dates if not approved? Yes _____ No _____

What are the alternate dates: 1st day off _____ Date returning to work _____

Please check one:

- I am requesting to use ____ (# of days) paid personal leave days
- I am requesting unpaid leave

Please list your clients affected by this time off and any special needs they may have:

SUPERVISOR ONLY:

Approved _____ Not Approved _____ # of Hours _____

Supervisor Name _____ Date _____