



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_____