

TIME OFF REQUEST FORM

Your request for time off/modified schedule must be submitted and approved by The Choice in advance.

EMPLOYEE INFORMATION

NAME:

TODAY'S DATE:

REQUESTING (Please highlight or circle): LATE ARRIVAL, EARLY DISMISSAL, DAY(S) OFF
If requesting late arrival or early dismissal, please specify exact hours of request: _____

STARTING ON:

ENDING ON:

I WILL RETURN TO WORK ON:

TYPE OF REQUEST

☐ VACATION

☐ PERSONAL LEAVE

☐ BEREAVEMENT

☐ JURY DUTY

☐

☐ MILITARY LEAVE

☐ FAMILY AND MEDICAL

☐ SICK TIME

☐ OTHER

☐

EMPLOYEE CERTIFICATION

I understand that time away from work is subject to The Choice Inc.'s policies and on-site supervisor approval

Employee Signature: _____ Date: _____

APPROVAL

[Office Use Only]

APPROVED: ☐ YES ☐ NO

The Choice Rep Signature: _____ Date: _____

Supervisor Approved: ☐ YES ☐ NO Date: _____

Payroll Weekending Date: _____

Send completed form to London Doby Jr. - ldobyjr@thechoiceinc.com