

REQUEST TIME OFF FORM

Your request for time off must be submitted & approved by management at least 2 weeks in advance.

EMPLOYEE INFORMATION:

Today's Date: _____ Employee Name: _____

Of Days Requested: _____ Date Starting On: _____ Date Ending On: _____

I will return to work on: _____

CONSUMER INFORMATION (THIS SECTION MUST BE COMPLETED FOR APPROVAL):

Consumer Name	Date/Shift That'll Need Coverage	Was Coverage Found?

TYPE OF REQUEST (PLEASE CHECK ONE BELOW):

Vacation Family/Medical Leave Personal Leave Sick Time

Bereavement Leave Doctor's Appointment (Please attach documents)

Jury Duty (Please attach documentation) Court (Please attach documentation)

Comments: _____

EMPLOYEE CERTIFICATION

I understand that time away from work is subject to management & company policies. I also understand that I need to receive a copy of my time request for my personal records.

Employee Signature: _____ Date: _____

Approved: Yes No

Comments: _____

Supervisor/Manager Approval: _____ Date: _____